04/07/2011 12:08

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FEC FORM 3)

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Othe	er Than An Auth	orized Comr	mittee	Of	ffice Use Only
NAME OF COMMITTEE (in full)		MAILING LABEL OR PRINT 🗑	Example:If ty over the lines			
American Hospital Asso	ociation PAC					
	1 1 1 1					
ADDRESS (number and stree Check if different than previously	Suite 70					
reported. (ACC) 2. FEC IDENTIFICATION	Washir		_		STATE A	20004
Z. TEGIDENTIFICATION	NOMBEN 4				SIRILA	ZII GODE 🚄
C00106146			THIS X	NEW (N) OR	AMEN (A)	IDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Rep July 15 Quarterly Rep October 15 Quarterly Rep January 31 Quarterly Rep July 31 Mid-Y Report(Non-e Year Only) (M Termination F (TER)	port(Q1) (c) port(Q2) port(Q3) port(YE) lear lection ly)	eport Peb ue On: Mar	n on General	ion (12C)	Aug 20 Sep 20 Oct 20 General (120 Special (120 Runoff (30R)	Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of
5. Covering Period	03 01	2011	throu	igh 03	31 2	011
I certify that I have examined Type or Print Name of Treas Signature of Treasurer		elinda Hatton			and complete. Date 0 4	07 2011
NOTE : Submission of false	, erroneous, or in	complete information	may subject the	person signing th	is Report to the per	nalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X (Rev. 12/2004)

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name American Hospital Association PAC

D " D 03 0 1 2011 0.3 31 2011 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011[°] 1836473.19 January 1 (b) Cash on Hand at 1975319.22 Begining of Reporting Period 216650.79 464665.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2191970.01 2301138.19 6(a) and 6(c) for Column B) 100323.14 209491.32 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 2091646.87 2091646.87 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

м м

From:

D D 1

2 0 1 1

М М

^D 3 1

Y Y Y 2011

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
`	Than Political Committees (i) Itemized (use Schedule A)	71985.35	154395.06
	(ii) Unitemized	11984.57	31891.77
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	83969.92	186286.83
(b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs) d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	83969.92	186286.83
	Fransfers From Affiliated/Other Party Committees	129600.00	273800.00
3. <i>F</i>	All Loans Received	0.00	0.00
4. L 5. C	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	1334.52
t	o Federal candidates and Other Political Committees	3000.00	3000.00
	Other Federal Receipts Dividends, Interest, etc.)	80.87	243.65
	Fransfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	216650.79	464665.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	216650.79	464665.00

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS		COLUMN A	COLUMN B
		Total This Period	Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1400 14	0404.00
	Expenditures	1423.14	2191.32
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1423.14	2191.32
2.	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committeesand Other Political Committees	00000 00	207200.00
	and Other Political Committees	98900.00	207300.00
	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Loans MadeBefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
	(4.65 2.65 25 (4), (4), 2.65 (4),		
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
•	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		0.00
	Total Dialographic (add Line 24/2) 20		
51.	Total Disbursements (add Lines 21(c), 22,	100323.14	209491.32
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	100020.14	200401.02
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	100323.14	209491.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	83969.92	186286.83	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	83969.92	186286.83	
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1423.14	2191.32	
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1334.52	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1423.14	856.80	

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 85 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Laurie A Brown Mailing Address 5204 Ridge Drive NE City Tacoma FEC ID number of contributing federal political committee. Name of Employer Franciscan Health System Receipt For: Primary General	State Zip Code WA 98422-1525 C Occupation Vice President, Chief Nursing Officer Aggregate Year-to-Date ▼	Date of Receipt M M M O D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Larry D. Hancock Mailing Address 10183 South Loridan L City	ane State Zip Code	Date of Receipt M
Sandy FEC ID number of contributing federal political committee. Name of Employer Intermountain Healthcare, Inc.	UT 84092-4494 C Occupation CEO, Urban Central Region	Amount of Each Receipt this Period 350.00
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Ms. Carol Bradley, MSN, RN, C	Aggregate Year-to-Date ▼ 350.00	Date of Receipt
Mailing Address 1919 Nw Lovejoy St City Portland	State Zip Code OR 97209-1503	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FORTIANU FEC ID number of contributing federal political committee.	C 9/209-1503	Amount of Each Receipt this Period 500.00
Name of Employer Legacy Health System	Occupation SVP/CNO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1200.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Joanell M. Dyrstad Mailing Address 910 West Sixth Stree	ot State Zip Code	Date of Receipt M
Red Wing FEC ID number of contributing federal political committee.	MN 55066-2432	Amount of Each Receipt this Period 500.00
Name of Employer Fairview Health Services Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Board Member Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Mr. William M Murray Mailing Address 9801 Renner Bouleva	ard, Ste 100	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18985250
Lenexa	KS 66219-9745	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Sisters of Charity of Lea- venworth Heal Receipt For: Primary General Other (specify)	Occupation Special Advisor Aggregate Year-to-Date ▼ 500.00	1
Full Name (Last, First, Middle Initial)		Date of Passint
Mr. Robert H. LeFever Mailing Address 319 Green Valley Rd		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18986171
Langhorne FEC ID number of contributing federal political committee.	PA 19047-1128	Amount of Each Receipt this Period 350.00
Name of Employer Temple University Health System Receipt For: Primary General	Occupation Director Aggregate Year-to-Date ▼	
Other (specify) ▼	350.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA	and Statements may not be sold or used by any page the name and address of any political committee.	person for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Jeff T Mueller Mailing Address 9121 E Palm Tree	Dr State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Scottsdale FEC ID number of contributing federal political committee.	AZ 85255-5309	Amount of Each Receipt this Period
Name of Employer Mayo Clinic Hospital Receipt For: Primary General Other (specify) ▼	Occupation Medical Director Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Ms. Donna Sollenberger Mailing Address 301 University Blv	d RT 01-28	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Galveston	State Zip Code TX 77555-5302	Transaction ID: 18986225 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer University of Texas Medic- al Branch Hos Receipt For: Primary General Other (specify) ▼	Occupation Executive Vice President and CE Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Mr. Douglas A Duchak Mailing Address. AFO Final a Street	-	Date of Receipt
Mailing Address 350 Engle Street City	State Zip Code	0 3
Englewood	NJ 07631-1808	Transaction ID: 18987652 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Englewood Hospital and Medical Center Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Of Aggregate Year-to-Date 500.00	ficer
SUBTOTAL of Receipts This Page (option	nal)	2500.00
TOTAL This Period (last page this line nu	mber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Kevin Roberts, FACHE Mailing Address 640 Ulukahiki Street City Kailua FEC ID number of contributing federal political committee. Name of Employer Castle Medical Center Receipt For: Primary General Other (specify)	State Zip Code HI 96734-4454 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y O 3 15 2011 Transaction ID: 18987726 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Ms. Katharine M. Webb Mailing Address 14 Bridgeway Road City Richmond FEC ID number of contributing federal political committee. Name of Employer Virginia Hospital & Healthcare Associa Receipt For: Primary General Other (specify)	State Zip Code VA 23226-3302 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M M / D D D / Y Y Y Y Y O 3 15 2011 Transaction ID: 18987727 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Mr. Peter J Karl Mailing Address 71 Haynes Street City Manchester FEC ID number of contributing federal political committee. Name of Employer Eastern Connecticut Health Network Receipt For: Primary General Other (specify)	State Zip Code CT 06040-4131 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D D / Y Y Y Y Y 1 5 / 2 0 1 1 Transaction ID: 18987731 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	1850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 10 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold e name and address of any	d or used by any persor political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. John E. Blue, II			Date of Receipt
	Mailing Address P.O. Box 263			03 03 7 2011
	City Anniston	State Zip Co AL 36202		Transaction ID: 18987734
	FEC ID number of contributing federal political committee.	AL 36202	-0263	Amount of Each Receipt this Period 1000.00
	Name of Employer Northeast Alabama Regional Medical Cen	Occupation Trustee		1
	Receipt For: Primary General	Aggregate Year-to-Da		
	Other (specify) ▼		1000.00	
. –	Full Name (Last, First, Middle Initial) Ms. Terri Kane	1		Date of Receipt
	Mailing Address 1789 Wide River Driv	9		03 11 2011
	City	State Zip Co		Transaction ID: 18987766
	Saint George	UT 84790	-4425	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Dixie Regional Medical Ce- nter	Occupation CEO & Administrat	tor	
	Receipt For:	Aggregate Year-to-Da	te 🔻	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Mr. Mark Christopher Coons			Date of Receipt
	Mailing Address 3052 Snow Cyn Pkwy Unit 108			03 / 11 / Y Y Y Y Y
	City	State Zip Co UT 84770		Transaction ID: 18987778
	Saint George FEC ID number of contributing	UT 84770	-6243	Amount of Each Receipt this Period 250.00
	federal political committee.			250.00
	Name of Employer Intermountain Healthcare Inc	Occupation VP, South West Re	egion	
	Receipt For:	Aggregate Year-to-Da	te 🔻	
	Primary General Other (specify) ▼	0 0 0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 85 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Colleen J. Goode, RN, PhD.,			Date of Receipt
Mailing Address 3635 W 102nd Ave			03 22 2011
City Westminster	State CO	Zip Code 80031-2429	Transaction ID: 18987794 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer University of Colorado Hospital Receipt For: ☐ Primary ☐ General Other (specify) ▼		n sident Patient Services & CN Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Aline M. Holmes Mailing Address 19 Ashford Drive	-		Date of Receipt
City	State	Zip Code	0 3 1 1 2 0 1 1 Transaction ID: 18987795
Plainsboro	NJ	08536-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer New Jersey Hospital Assoc- iation Receipt For:	- ' -	n P, Clinical Affairs • Year-to-Date ▼	
Primary General Other (specify) ▼	riggiogate	500.00	
Full Name (Last, First, Middle Initial) Ms. Mary Starmann-Harrison, FACHE			Date of Receipt
Mailing Address 3013 Bryn Wood D	rive		03 03 2011
City Madison	State WI	Zip Code 53711-5838	Transaction ID: 18987798 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Hospital Sisters Health System	Occupation Presiden	t/CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional	.0		1750.00

SCHEDULE A (FEC Form 3X)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, of the than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mc Wanner L Thomas. FACHE Maling Address 1514 Jefferson Highway BH 538 City State Zip Code Nam Of Employer Ochanier Health System President and Chief Operating Officer Receipt Fc: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Mc Care Murray Maling Address 1501 Twelfth Ave. City State Zip Code Watervliet NY 12189-2402 FEC ID number of contributing federal political committee. C Jate of Receipt Aggregate Year-to-Date ▼ Primary Maling Address 1501 Twelfth Ave. City State Zip Code Watervliet NY 12189-2402 FEC ID number of contributing federal political committee. C Jate of Receipt NY 12189-2402 FEC ID number of contributing federal political committee. C Jate of Receipt NY 12189-2402 Fell Name (Last, First, Middle Initial) Mc Jone Receipt NY 12189-2402 Fell Name (Last, First, Middle Initial) Mc Jone Receipt NY 12189-2402 Fell Name (Last, First, Middle Initial) Mc Jone Receipt Ny 12189-2402 Fell Name (Last, First, Middle Initial) Mc Jone Receipt Ny 12189-2402 Fell Name (Last, First, Middle Initial) Mc Jone Receipt Ny 12189-2402 Fell Name (Last, First, Middle Initial) Mc Jone Receipt Ny 12189-2402 Fell Name (Last, First, Middle Initial) Mc Jone Receipt Ny 12189-2402 Fell Name (Last, First, Middle Initial) Mc Jone Receipt Ny 12189-2402 Fell Name (Last, First, Middle Initial) Mc Jone Receipt Ny 12189-2402 Fell Name (Last, First, Middle Initial) Mc Jone Receipt Ny 12189-2402 Fell Name (Last, First, Middle Initial) Mc Jone Receipt Ny 12189-2402 Fell Name (Last, First, Middle Initial) Mc Jone Receipt Ny 12189-2402 Amount of Each Receipt His Period Date of Receipt Tra	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Mailing Address 1514 Jefferson Highway BH 538 City State Zip Code New Orleans LA 70121-2429 FEC ID number of contributing federal political committee. Name of Employer New York Organization Nurse Executive Brock State Zip Code Name of Employer Receipt Total Name (Last, First, Middle Initial) Ms. Claire Murray General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Claire Murray Mailing Address 1501 Twelfth Ave. City State Zip Code Name of Employer New York Organization Nurse Executive Brocket For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Claire Murray Name of Employer New York Organization Nurse Executive Brocket For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Joan Shinkus Clark, MSN, RN, N Mailing Address 2110 Royal Dominion Ct City State Zip Code Arlington TX 76006-4836 FEC ID number of contributing federal political committee. C State Zip Code Arlington TX 76006-4836 FEC ID number of contributing federal political committee. C State Zip Code Arlington TX 76006-4836 FEC ID number of contributing federal political committee. C State Zip Code Arlington TX 76006-4836 FEC ID number of contributing federal political committee. C State Zip Code Arlington TX 76006-4836 FEC ID number of contributing federal political committee. C State Zip Code Arlington TX 76006-4836 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Amount of Each Receipt this Period Sounds SVP Aggregate Year-to-Date ▼ Primary General Other (specify) ▼	or for commercial purposes, other than using t	Statements may not be sold or used by any personne name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Ms. Claire Murray Mailing Address 1501 Twelfth Ave. City State Zip Code NY 12189-2402 FEC ID number of contributing federal political committee. C Primary Other (specify) ▼ State Zip Code NY 12189-2402 FEUI Name (Last, First, Middle Initial) City State Zip Code Name of Employer Receipt For: Power State Zip Code NY 12189-2402 Amount of Each Receipt this Period FEUI Name (Last, First, Middle Initial) Date of Receipt Transaction ID: 18987814 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18987814 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18987818 Amount of Each Receipt this Period FEUI Name (Last, First, Middle Initial) City State Zip Code Transaction ID: 18987818 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Texas Health Resources Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ State Sup Code Transaction ID: 18987818 Amount of Each Receipt this Period State Sup Code Transaction ID: 18987818 Amount of Each Receipt this Period State Sup Code Transaction ID: 18987818 Amount of Each Receipt this Period State Sup Code Transaction ID: 18987818 Amount of Each Receipt this Period State Sup Code Transaction ID: 18987818 Amount of Each Receipt this Period State Sup Code Transaction ID: 18987818 Amount of Each Receipt this Period State Sup Code Transaction ID: 18987818 Amount of Each Receipt this Period State Sup Code Transaction ID: 18987818 Amount of Each Receipt this Period	Mr Warner L Thomas, , FACHE Mailing Address 1514 Jefferson Highs BH 538 City New Orleans FEC ID number of contributing federal political committee. Name of Employer Ochsner Health System Receipt For: Primary General	State Zip Code LA 70121-2429 C Occupation President and Chief Operating Officer Aggregate Year-to-Date 1000.00	Transaction ID: 18987810 Amount of Each Receipt this Period 1000.00
Ms. Joan Shinkus Clark, MSN, RN, N Mailing Address 2110 Royal Dominion Ct City State Zip Code Arlington TX 76006-4836 FEC ID number of contributing federal political committee. Name of Employer Texas Health Resources Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 18987818 Amount of Each Receipt this Period 500.00	Ms. Claire Murray Mailing Address 1501 Twelfth Ave. City Watervliet FEC ID number of contributing federal political committee. Name of Employer New York Organization Nurse Executives Receipt For: Primary General	NY 12189-2402 C Occupation Executive Director Aggregate Year-to-Date ▼	Transaction ID: 18987814 Amount of Each Receipt this Period
1850.00	Ms. Joan Shinkus Clark, MSN, RN, N Mailing Address 2110 Royal Dominio City Arlington FEC ID number of contributing federal political committee. Name of Employer Texas Health Resources Receipt For: Primary General	State Zip Code TX 76006-4836 C Occupation System Chief Nurse Executive & SVP Aggregate Year-to-Date	Transaction ID: 18987818 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	>	1850.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 85 (check only one) X
or for co	ormation copied from such Reports and St ommercial purposes, other than using the ME OF COMMITTEE (In Full) erican Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Maili City Wo	Name (Last, First, Middle Initial) Valter Ettinger, , M.D. ng Address 119 Belmont Street rcester	State MA	Zip Code 01605-2903	Date of Receipt M M M O D D O D O D O D O D O D O D O D
fede Nam UMa nter	ID number of contributing ral political committee. The of Employer ass Memorial Medical Celeipt For: Primary General Other (specify) ▼	Occupation Presiden Aggregate		1125.00
B. Ms.	Name (Last, First, Middle Initial) Ellen Zane, , CHE ng Address 800 Washington Street	State	Zip Code	Date of Receipt M
Bos FEC fede	ID number of contributing ral political committee.	MA C	02111-1552	Amount of Each Receipt this Period
	eight For: Primary General Other (specify) General	Presiden	at and Chief Executive Office e Year-to-Date ▼ 1125.00	<u>r</u>
Mr. 8	Name (Last, First, Middle Initial) Steve M. Ahnen ng Address 125 Airport Road			Date of Receipt
·	ncord ID number of contributing	State NH	Zip Code 03301-7300	Transaction ID: 18987848 Amount of Each Receipt this Period
fede Nam New	ral political committee. ne of Employer r Hampshire Hospital As- ation	Occupatio Presiden	on It and CEO	83.28
	eipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 292.12	
SUBTO	TAL of Receipts This Page (optional))	2333.28

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Edwin S. Anderson Mailing Address 170 South Victor Way	,	Date of Receipt
	State Zip Code	03 11 2011
City Crossville	TN 38555-5031	Transaction ID: 18987892 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Cumberland Medical Center	Occupation Hospital Board Chair	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Bobby Arnold		Date of Receipt
Mailing Address 620 Skyline Drive		03 / 11 / Y Y Y Y
City	State Zip Code TN 38301-3923	Transaction ID: 18987893
Jackson FEC ID number of contributing federal political committee.	TN 38301-3923	Amount of Each Receipt this Period
Name of Employer West Tennessee Healthcare	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Ms. Angela Becker		Date of Receipt
Mailing Address 9616 Brunswick Dr		03 / 11 / 2011
City	State Zip Code TN 37027-8467	Transaction ID: 18987894
Brentwood FEC ID number of contributing federal political committee.	TN 37027-8467	Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Retired	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional) .	·	2250.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 85 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		, , , , , , , , , , , , , , , , , , , ,	
Full Name (Last, First, Middle Initial) Mr. Craig A. Becker			Date of Receipt
Mailing Address 9616 Brunswick			03 11 2011
City Brentwood	State TN	Zip Code 37027-8467	Transaction ID: 18987895 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0,02,000	1000.00
Name of Employer Tennessee Hospital Associ- ation	Occupatio Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Charlotte Burns			Date of Receipt
Mailing Address 935 Wayne Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18987896
Savannah FEC ID number of contributing federal political committee.	C	38372-1937	Amount of Each Receipt this Period 500.00
Name of Employer Hardin Medical Center	Occupatio Administ	n rator and Chief Executive O	
Receipt For: Primary General Other (specify)	- '	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Michael Clark			Date of Receipt
Mailing Address 103 Powell Court, S	Suite 200		03 11 2011
City Brentwood	State TN	Zip Code 37027-5079	Transaction ID: 18987897 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07027 0070	1000.00
Name of Employer LifePoint Hospitals, Inc.	Occupatio Presiden	n t-American Division	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 85 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Reginald Coopwood		Date of Receipt
Mailing Address 877 Jefferson Avenue		03 11 2011
City	State Zip Code	Transaction ID: 18987898
Memphis	TN 38103-2807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Regional Medical Center	Occupation President & CEO	
at Memphis Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Fred Gattas, Jr.		Date of Receipt
Mailing Address 17 S. Yates		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18987899
Memphis	TN 38120-2041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer St. Jude Children's Resea- rch Hospital	Occupation Trustee	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Joseph Landsman		Date of Receipt
Mailing Address 1924 Alcoa Highway, E	ox 81	03 11 2011
City	State Zip Code	Transaction ID: 18987900
Knoxville	TN 37920-1511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer University of Tennessee Medical Center	Occupation President and Chief Executive Offi	cer
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1600.00

	.E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commerc	copied from such Reports and S al purposes, other than using the COMMITTEE (In Full) Hospital Association PAC	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Mr. Wesley L	Last, First, Middle Initial) ittrell ress 2000 Church Street	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Nashville FEC ID num	ber of contributing cal committee.	TN	37236-0002	Amount of Each Receipt this Period 1000.00
Name of Err Saint Thoma Receipt Fors Primal Other	is Hospital		n HS Affiliates & CSO e Year-to-Date ▼	
Full Name (I Mr. Robert P Mailing Add				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 18987909
<u>Chattanoc</u>	ga	TN	37403-1306	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		1000.00
cal Rehabilit Receipt For: Prima		- '	n t and Chief Executive Office e Year-to-Date ▼ 1000.00	<u>r</u>
Mr. Bernard I	_ast, First, Middle Initial) _ Mattingly ress 1 Medical Center Boul	levard		Date of Receipt
	1 Wedical Contel Boar			03 11 2011
City Cookeville		State TN	Zip Code 38501-4294	Transaction ID: 18987910 Amount of Each Receipt this Period
FEC ID num	ber of contributing cal committee.	C	333.123.	250.00
Name of Em Cookeville F al Center Receipt For:	ployer egional Medic-	+ +	n ecutive Officer e Year-to-Date ▼	
Prima		Aggregate	250.00	
SUBTOTAL	f Receipts This Page (optional)	1	_	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 18 / 85 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not b name and address o	e sold or used by any perso of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Anthony L Spezia			Date of Receipt
Mailing Address 100 Fort Sanders West	t Blvd		M M / D D / Y Y Y Y Y O D D / 2011
City	State Z	ip Code	Transaction ID: 18987911
Knoxville	TN 3	37922-3353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Covenant Health	Occupation President and	Chief Executive Office	 r
Receipt For:	Aggregate Year-		1
Primary General Other (specify) ▼	riggiogato roa	1500.00	
Full Name (Last, First, Middle Initial) Mr. William Russell Spray			Date of Receipt
Mailing Address 185 Hospital Road			0 3 1 1 2 0 1 1
City	State Z	ip Code	Transaction ID: 18987912
Winchester	TN 3	37398-9504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Southern Tennessee Medical Center	Occupation Chief Executiv	e Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Thelma K. Traut			Date of Receipt
Mailing Address 1080 Cedar Drive Cedar Lake Estates			0 3 1 1 2 0 1 1
City		ip Code	Transaction ID: 18987913
Camden	TN 3	88320-6033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		350.00
Name of Employer Baptist Memorial Hospital- Huntingdon	Occupation Vice Chair		
Receipt For:	Aggregate Year-	to-Date ▼	
Primary General Other (specify) ▼		350.00	
SUBTOTAL of Receipts This Page (optional)			1850.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 85 (check only one) X
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association P	and Statements may not be sold or used by any persing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Karen Utley Mailing Address 708 West Forest	Avenue	Date of Receipt
City	State Zip Code	0 3 1 1 2 0 1 1 Transaction ID: 18987914
Jackson FEC ID number of contributing federal political committee.	TN 38301-3901	Amount of Each Receipt this Period 350.00
Name of Employer West Tennessee Healthcare	Occupation Vice President, System Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht Mailing Address 701 N State of Fr	ranklin, Ste 1	Date of Receipt
City	State Zip Code	0 3 1 1 2 0 1 1 Transaction ID: 18987915
Johnson City	TN 37604-3645	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Mountain States Health Al- liance Receipt For:	Occupation President and Chief Executive Office	r
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Beth Ward		Date of Receipt
Mailing Address 1905 American V	Vay	03 11 2011
City	State Zip Code	Transaction ID: 18987916
Kingsport FEC ID number of contributing federal political committee.	TN 37660-5882	Amount of Each Receipt this Period 1000.00
Name of Employer Wellmont Health System	Occupation Executive VP/ CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receipts This Page (ontin	onal)	2350.00

Receipt For: Primary	Zip Code 38801-4996 on ve Vice President e Year-to-Date ▼ 1000.00 Zip Code 39216-4606	Date of Receipt Date of Receipt Date of Receipt Transaction ID: 18987927 Amount of Each Receipt this Period Date of Receipt Date of Rece
American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Gerald D Wages Mailing Address 830 S. Gloster Street City State Tupelo MS FEC ID number of contributing federal political committee. Name of Employer North Mississippi Health Services. Inc Receipt For: Aggrega Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Claude W Harbarger Mailing Address 969 Lakeland Drive City State Jackson MS FEC ID number of contributing federal political committee. Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Aggrega Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Aggrega Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607 City State	38801-4996 on ve Vice President e Year-to-Date ▼ 1000.00 Zip Code 39216-4606	Transaction ID: 18987927 Amount of Each Receipt this Period Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mr. Gerald D Wages Mailing Address 830 S. Gloster Street City State Tupelo MS FEC ID number of contributing federal political committee. Name of Employer North Mississippi Health Services, Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Claude W Harbarger Mailing Address 969 Lakeland Drive City Jackson MS FEC ID number of contributing federal political committee. Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607 City State	38801-4996 on ve Vice President e Year-to-Date ▼ 1000.00 Zip Code 39216-4606	Transaction ID: 18987927 Amount of Each Receipt this Period Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tupelo FEC ID number of contributing federal political committee. Name of Employer North Mississippi Health Services, Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Claude W Harbarger Mailing Address 969 Lakeland Drive City State Jackson MS FEC ID number of contributing federal political committee. Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary General Occupate Preside Aggrega Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607 City State	38801-4996 on ve Vice President e Year-to-Date ▼ 1000.00 Zip Code 39216-4606	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Tupelo FEC ID number of contributing federal political committee. Name of Employer North Mississippi Health Services, Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Claude W Harbarger Mailing Address 969 Lakeland Drive City State Jackson FEC ID number of contributing federal political committee. Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607 City State	38801-4996 on ve Vice President e Year-to-Date ▼ 1000.00 Zip Code 39216-4606	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer North Mississippi Health Services, Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Claude W Harbarger Mailing Address 969 Lakeland Drive City Jackson MS FEC ID number of contributing federal political committee. Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607 City State	on ve Vice President ve Year-to-Date ▼ 1000.00 Zip Code 39216-4606	Date of Receipt M M M / D D / Y Y Y Y Y 0 3 / 0 2 / 2 0 1 1 Transaction ID: 18987928 Amount of Each Receipt this Period
Services, Inc Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Claude W Harbarger Mailing Address 969 Lakeland Drive City Jackson FEC ID number of contributing federal political committee. Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607 City Aggrega Figure Aggrega Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607	Zip Code 39216-4606	Transaction ID: 18987928 Amount of Each Receipt this Period
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Claude W Harbarger Mailing Address 969 Lakeland Drive City State Jackson FEC ID number of contributing federal political committee. Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607	Zip Code 39216-4606	Transaction ID: 18987928 Amount of Each Receipt this Period
Mr. Claude W Harbarger Mailing Address 969 Lakeland Drive City State Jackson MS FEC ID number of contributing federal political committee. Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607	39216-4606	Transaction ID: 18987928 Amount of Each Receipt this Period
City State Jackson MS FEC ID number of contributing federal political committee. Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607 City State	39216-4606	Transaction ID: 18987928 Amount of Each Receipt this Period
Jackson FEC ID number of contributing federal political committee. Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607 City State	39216-4606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer St. Dominic-Jackson Memorial Hospital Preside Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607 City State	1 1 1 1 1	
Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607 City State	on	
St. Dominic-Jackson Memorial Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607 City State	on	
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607 City Aggrega Aggrega State	nt	1
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham Mailing Address P O Box 607 City State	e Year-to-Date ▼	
Mr. G Douglas Higginbotham Mailing Address P O Box 607 City State	250.00	
City State		Date of Receipt
•		03 02 7 2011
<u>Laurel MS</u>	Zip Code	Transaction ID: 18987929
550 IB	39441-0607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
dicai dentei	on ve Director	
Receipt For: Primary General Other (specify) ▼	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	nd Statements may not be sold or used by any person the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Calvin D Johnson		Date of Receipt
Mailing Address P O Box 188		03 02 2011
City	State Zip Code	Transaction ID: 18987930
<u>Kilmichael</u>	MS 39747-0188	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Kilmichael Hospital	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Herb B. Kuhn		Date of Receipt
Mailing Address 5310 Saddlebrooke	Lane	03 02 2011
City	State Zip Code	Transaction ID: 18987944
Lohman	MO 65053-9353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Missouri Hospital Associa- tion	Occupation President and CEO	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Joanne Carrocino, , FACHE	I .	Date of Receipt
Mailing Address 903 Shore Drive		03 / 04 / 2011
City	State Zip Code	Transaction ID: 18987967
Cape May	NJ 08204-2234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Cape Regional Medical Cen- ter	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	il)	875.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 85 (check only one) X
\ \	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Mr. Alan Lieber Mailing Address 4 Sun Watch Court			Date of Receipt 0 3 0 4 2 0 1 1
	City Ramsey	State NJ	Zip Code 07446-2123	Transaction ID: 18987988 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Atlantic Health	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. Thomas Crowley Mailing Address 1200 Grant Boulevard	West		Date of Receipt 0 3 1 6 2 0 1 1
	City	State	Zip Code	Transaction ID: 18988098
	Wabasha	MN	55981-1098	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint Elizabeth's Medical Center		t and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- ; <u>.</u>	Full Name (Last, First, Middle Initial) Mr. Fred M DeGrandis			Date of Receipt
	Mailing Address 18101 Lorain Avenue			03 16 2011
	City	State	Zip Code	Transaction ID: 18988108
	Cleveland FEC ID number of contributing federal political committee.	C	44111-5612	Amount of Each Receipt this Period 500.00
	Name of Employer Cleveland Clinic Health System	Occupation Chair, Co	n ommunity Physician Partner	ship
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. James E. May		Date of Receipt
Mailing Address 731 Elm Ave.		0 3 1 6 2 0 1 1
City	State Zip Code	Transaction ID: 18988109
Terrace Park	OH 45174-1203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Mercy Health Partners - SW Ohio	Occupation President & Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Mina H Ubbing		Date of Receipt
Mailing Address 401 North Ewing Str	eet	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18988110
<u>Lancaster</u>	OH 43130-3372	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Fairfield Medical Center	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Patrick J Martin		Date of Receipt
Mailing Address 272 Benedict Avenue	е	03 16 2011
City	State Zip Code	Transaction ID: 18988111
Norwalk	OH 44857-2374	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Fisher-Titus Medical Cent- er	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 85 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Robert W Shroder			Date of Receipt
Mailing Address P O Box 1790			M M / D D / Y Y Y Y Y O D D / 2011
City	State	Zip Code	Transaction ID: 18988113
Youngstown	OH	44501-1790	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St. Elizabeth Health Cent-	Occupation President	and Chief Executive Office	 r
<u>er</u> Receipt For:	. '	Year-to-Date ▼	
Primary General Other (specify) ▼	, iggiogate	250.00	
Full Name (Last, First, Middle Initial) Ms. Mary L. Gallagher	<u> </u>		Date of Receipt
Mailing Address 155 East Broad Street, 15th Floor	,		0 3 1 6 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18988114
Columbus	OH	43215-3609	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Ohio Hospital Association	Occupation Vice Pres	n sident & General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. James M Sudimack, MD			Date of Receipt
Mailing Address 2774 Timber Creek Dr.	. N		03 16 2011
City	State	Zip Code	Transaction ID: 18988117
Cortland	OH	44410-1756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Ohio Hospital Association	Occupation Trustee	n .	7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)	l		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 85 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persolates of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Stanley R Korducki			Date of Receipt
Mailing Address 950 West Wooster St	reet		03 16 7 7 7 7
City	State	Zip Code	Transaction ID: 18988118
Bowling Green	OH	43402-2603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Wood County Hospital	Occupation President		7
Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼	.55.594.0	1250.00	
Full Name (Last, First, Middle Initial) Mr. Ryan Biles			Date of Receipt
Mailing Address 1503 Runaway Bay D Suite 1B)rive		03 16 7 9 9 1
City	State	Zip Code	Transaction ID: 18988119
Columbus	OH	43204-4814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Ohio Hospital Association	Occupation Director,	n Health Policy	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Michael N. Yost	1		Date of Receipt
Mailing Address 272 Benedict Ave.			03 16 2011
City	State	Zip Code	Transaction ID: 18988121
Norwalk	OH	44857-2399	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Fisher-Titus Medical Cent- er	Occupation Director of	n of Facilities	7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional) .			2750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information conind from such Reports and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 85 (check only one) X
NAME OF COMMITTEE (In Full) American Hospital Association PAC	I Statements may not be sold or used by any person he name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Susan Stanfield		Date of Receipt
Mailing Address 6218 Muirlock Court		03 16 YYYY 03 16 2011
City	State Zip Code	Transaction ID: 18988122
Dublin	OH 43017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer OHA Insurance Solutions,	Occupation President and Chief Executive Officer]
Inc. Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Ms. Barbara Steele		Date of Receipt
Mailing Address 2142 North Cove Bo	ulevard	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18988123
Toledo	OH 43606-3896	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ProMedica Health System	Occupation Regional President	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Matthew J. Angela		Date of Receipt
Mailing Address 1151 East Warrenvil	le Rd.	03 16 2011
City	State Zip Code	Transaction ID: 18988128
<u>Naperville</u>	IL 60563-9339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Illinois Hospital Associa- tion	Occupation Senior Director	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 27 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or f	y information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold o name and address of any po	r used by any persor olitical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
1.	Full Name (Last, First, Middle Initial) Dr. Wayne M Lerner, , DPH Mailing Address 2701 West 68th Street City	State Zip Code		Date of Receipt 0 3 1 6 2 0 1 1 Transaction ID: 18988130
	Chicago FEC ID number of contributing federal political committee.	IL 60629-1	313	Amount of Each Receipt this Period 500.00
	Name of Employer Holy Cross Hospital Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Aggregate Year-to-Date		
3.	Full Name (Last, First, Middle Initial) Mr. Brian Reardon Mailing Address 58 Glen Eagle Drive			Date of Receipt 0 3 1 6 2 0 1 1
	City Springfield FEC ID number of contributing	State Zip Code IL 62246-1		Transaction ID: 18988132 Amount of Each Receipt this Period 250.00
	Name of Employer Hospital Sisters Health System Receipt For: Primary General Other (specify)	Occupation System Director of C Aggregate Year-to-Date		_
; .	Full Name (Last, First, Middle Initial) Ms. Connie L Schroeder Mailing Address 640 West Washington	Street		Date of Receipt
	City Pittsfield	State Zip Code		Transaction ID: 18988134 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Illini Community Hospital Receipt For:	Occupation Chief Executive Office		
	Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
SU	JBTOTAL of Receipts This Page (optional)		>	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 85 (check only one) X 11a 11b 11c 12
	Statements may not be sold or used by any person ne name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Jim H Skogsbergh		Date of Receipt
Mailing Address 2025 Windsor Drive City	State Zip Code	03 / 16 / 2011
Oak Brook	IL 60523-1586	Transaction ID: 18988135 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Advocate Health Care	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. David P Tilton		Date of Receipt
Mailing Address 624 Park Place		03 / 18 / 2011
City	State Zip Code	Transaction ID: 18988162
Galloway	NJ 08205-6014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AtlantiCare	Occupation President and Chief Executive Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Ms. Maureen Banks, RN, MS, MB		Date of Receipt
Mailing Address 42 Middlebury Lane		0 3 1 8 2 0 1 1
City	State Zip Code	Transaction ID: 18988461
Beverly	MA 01915-1300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	562.50
Name of Employer Spaulding Hospital for Co- ntinuing Medi	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50	
SUBTOTAL of Receipts This Page (optional)		1562.50

11c 12 15 16 1	(check only one) X 11a 11b 11c	Use separate schedule(s) for each category of the Detailed Summary Page	()	IEDULE A (FEC Form 3X) MIZED RECEIPTS	
liciting contributions	n for the purpose of soliciting con	not be sold or used by any persor	nd Statements may	formation copied from such Reports and	Any
m such committee.	3011CIT CONTRIBUTIONS FROM SUCH CO	ress of any political committee to s	the name and add	commercial purposes, other than using the ME OF COMMITTEE (In Full)	
			,	nerican Hospital Association PAC	\
			,	nencan nospital Association FAC	_
	Date of Receipt			ll Name (Last, First, Middle Initial) . Jeanette G Clough	
	M M / D D / Y			iling Address 234 Cuseway St	
	0 3 1 8 Transaction ID: 1898846	Zip Code	State	#1213 y	-
	Amount of Each Receipt thi	02114-2147	MA	oston	
750.00			C	C ID number of contributing leral political committee.	
		and Chief Executive Officer	Occupation President	me of Employer ount Auburn Hospital	Ī
		Year-to-Date ▼	Aggregate	ceipt For:	
		750.00		Primary General Other (specify) ▼	
			0 0	_ care (epssay) \	
	Date of Receipt		•	ll Name (Last, First, Middle Initial) . Normand E Deschene, , FACHE	
	03 / 18		е	iling Address 295 Varnum Avenue	-
18988464	Transaction ID: 1898846	Zip Code	State	у	7
Receipt this Period	Amount of Each Receipt thi	01854-2134	MA	well	
1125.00			C	C ID number of contributing leral political committee.	
		n and Chief Executive Officer	Occupation President	me of Employer well General Hospital	Ī
		Year-to-Date ▼	 	ceipt For:	-
		1125.00	1 1	Primary General	
			0 0	Other (specify) ▼	
	Data of Bassist			ll Name (Last, First, Middle Initial)	
D / Y Y Y Y	Date of Receipt			. Michele Gougeon iling Address 115 Mill Street	-
8 2011	03 18			THE INITIAL STREET	
	Transaction ID: 1898846	Zip Code	State	y Jan o o t	
Receipt this Period	Amount of Each Receipt thi	02478-1064	MA	elmont	
262.50			C	C ID number of contributing leral political committee.	
		n e Vice President and COO	Occupation Executive	me of Employer Lean Hospital	Ī
	1	Year-to-Date ▼	Aggregate	ceipt For:	Ī
		262.50	' '	Primary General Other (specify) ▼	
			0 0	Other (specify)	
2137.50		>	l)	FOTAL of Receipts This Page (optional) .	_ sı
=		<u>`</u>		TOTAL of Receipts This Page (optional) . AL This Period (last page this line numbe	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 85 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personen name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Deborah C. Joelson Mailing Address 800 Washington Stre	State Zip Code	Date of Receipt M
Boston FEC ID number of contributing federal political committee. Name of Employer Tufts Medical Center	MA 02111-1552 C Occupation	Amount of Each Receipt this Period 375.00
Receipt For: Primary Other (specify)	Sr. Vice President, Strategic Services Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Mr. John W. Polanowicz Mailing Address 2 Abenaki Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18988468
Northborough FEC ID number of contributing federal political committee.	MA 01532-2433	Amount of Each Receipt this Period 750.00
Name of Employer UMass Memorial-Marlborough Hospital Receipt For: Primary General Other (specify) ▼	Occupation President & CEO Aggregate Year-to-Date 750.00]
Full Name (Last, First, Middle Initial) Mr. Francis M Saba		Date of Receipt
Mailing Address 14 Prospect Street		03 18 2011
City Milford	State Zip Code MA 01757-3090	Transaction ID: 18988469 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Milford Regional Medical Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date 750.00	
SUBTOTAL of Receipts This Page (optional)		1875.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) American Hospital Association PAC	I Statements may not be sold or used by any person he name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr David E Storto		Date of Receipt
Mailing Address 357 Caterina Hts.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18988470
Concord	MA 01742-4750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Spaulding Rehabilitation Hospital	Occupation President	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Richard P. de Filippi, Ph.D. Mailing Address 189 Upland Road		Date of Receipt
City	Ctata Zin Cada	03 22 2011
City Cambridge	State Zip Code MA 02140-3604	Transaction ID: 18989465 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Cambridge Health Alliance	Occupation Trustee	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Kevin M. Pitzer		Date of Receipt
Mailing Address 4187 Houkom Court		03 21 2011
City	State Zip Code	Transaction ID: 18989497
<u>Fargo</u>	ND 58104-6002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Innovis Health	Occupation Chief Administrative Officer	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		2250.00

or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Joseph Landsman Mailing Address 1924 Alcoa Highway, E	atements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
F. M. C. L. F.	American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Joseph Landsman		T
. <u>M</u> N C <u>ł</u>	Mr. Joseph Landsman		
- C <u>ł</u> F	Mailing Address 1924 Alcoa Highway, E		Date of Receipt
<u> </u>		Sox 81	03 21 2011
F	City	State Zip Code	Transaction ID: 18991245
	Knoxville	TN 37920-1511	Amount of Each Receipt this Period
_	EC ID number of contributing ederal political committee.	C	1000.00
N L	Name of Employer University of Tennessee	Occupation	1
<u>N</u>	Medical Center Receipt For:	President and Chief Executive Officer	-
Г	Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	2000.00	
	Full Name (Last, First, Middle Initial) Mr. Jerry E. Jurena		Date of Receipt
N	Mailing Address 1622 E. Interstate Aver Suite B	nue	03 21 YYYY 2011
C	City	State Zip Code	Transaction ID: 18991246
<u> </u>	Bismarck	ND 58503-0561	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	350.00
ľ	Name of Employer North Dakota Hospital Ass- poiation	Occupation President	1
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	350.00	
	Full Name (Last, First, Middle Initial) Mr. Bruce Schroffel		Date of Receipt
N	Mailing Address 12401 East 17th Avenu	e	03
	City	State Zip Code	Transaction ID: 18991247
<u> </u>	Aurora	CO 80045-2548	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	250.00
	Name of Employer University of Colorado Ho- spital	Occupation President and Chief Executive Officer	1
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General	250.00	
	Other (specify) ▼	200.00	
SII	BTOTAL of Receipts This Page (optional)		1600.00
30	CIAL OF RECEIPES THIS I age (optional)		

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16
or fo	r information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
- - (Full Name (Last, First, Middle Initial) Dr. William Allred, Jr., MD Mailing Address 1923 South Utica Aver City Tulsa	State	Zip Code 74104-6502	Date of Receipt 0 3 2 1 2 0 1 1 Transaction ID: 18991250 Amount of Each Receipt this Period
- -	FEC ID number of contributing rederal political committee.	C	n	250.00
_	Name of Employer St. John Medical Center Receipt For: Primary General Other (specify) ▼	Vice Pre	sident Medical Staff Affairs Year-to-Date 250.00	
	Full Name (Last, First, Middle Initial) Mr. Richard Boone Mailing Address 1923 South Utica Aver	iue		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	City	State	Zip Code	Transaction ID: 18991254
-	Tulsa	OK	74104-5445	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
_	Name of Employer St. John Health System Fo- undation	Occupatio Presiden	t	
ı	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Jerry Jones Mailing Address P O Box 1569			Date of Receipt
-	City	State	Zip Code	0 3 2 1 2 0 1 1 Transaction ID: 18991261
	Clinton	OK	73601-1569	Amount of Each Receipt this Period
1	FEC ID number of contributing federal political committee.	C		250.00
_	Name of Employer Integris Clinton Regional Hospital Receipt For:	Occupatio Presiden	t	
1	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SI	BTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Jerry G Moeller Mailing Address P O Box 2408 City Stillwater FEC ID number of contributing federal political committee. Name of Employer Stillwater Medical Center Receipt For: Primary General	State Zip Code OK 74076-2408 C Occupation President and Chief Executive Office Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Maha Sultan, M.D. Mailing Address 319 East Josephine City Frederick	State Zip Code OK 73542-2220	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital and Physician Group Receipt For: □ Primary □ General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) Ms. Cindy R. Turner Mailing Address P O Drawer 1987		Date of Receipt 0 3 2 2 2 2 0 1 1
City Alma FEC ID number of contributing federal political committee.	State Zip Code GA 31510-1987	Transaction ID: 18991287 Amount of Each Receipt this Period 250.00
Name of Employer Bacon County Hospital and Health Syste Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 85 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Ken Paulus		Date of Receipt
Mailing Address P O Box 43		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18991733
Minneapolis	MN 55440-0043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Allina Hospitals & Clinics	Occupation President and Chief Executive Office	cer l
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		\neg
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Alan Schilmoeller		Date of Receipt
Mailing Address 200 First Street, SV	I	03 23 7 2011
City	State Zip Code	Transaction ID: 18991734
Rochester	MN 55905-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mayo Clinic	Occupation Vice Chair, Operations	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David Abelson, MD		Date of Receipt
Mailing Address 6500 Excelsior Boul	evard	03 23 7 2011
City	State Zip Code	Transaction ID: 18992036
Saint Louis Park	MN 55426-4702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Park Nicollet Health Serv- ices	Occupation President and Chief Executive Office	cer
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
	1	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each c	rate schedule(s) ategory of the Summary Page	FOR LINE NUMBER: PAGE 36 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold on name and address of any p	or used by any person political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Bill Nelson			Date of Receipt
Mailing Address P.O. Box A City	State Zip Code		0 3 2 3 2 0 1 1 Transaction ID: 18992450
Onamia	MN 56359-7		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Mille Lacs Health System	Occupation Chief Executive Office	cer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date		
Full Name (Last, First, Middle Initial) Mr. Keith Okeson			Date of Receipt
Mailing Address 715 Delmore Avenue		03 / 23 / Y Y Y Y Y	
City	State Zip Code		Transaction ID: 18992451
Roseau	MN 56751-1	534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer LifeCare Medical Center	Occupation President and CEO		
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date	250.00	
Full Name (Last, First, Middle Initial) Dr. John A Brennan, , M.D.			Date of Receipt
Mailing Address 3 Castle Court			03 25 2011
City <u>Randolph</u>	State Zip Code NJ 07869-2		Transaction ID: 18993314
FEC ID number of contributing federal political committee.	NJ 07869-2	2022	Amount of Each Receipt this Period 500.00
Name of Employer Saint Barnabas Health Care System	Occupation Executive Director		1
Receipt For:	Aggregate Year-to-Date	. ▼	
Primary General Other (specify) ▼	0 0 0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Period (last page this line number		<u>.</u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	fc	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 37 / 85 (check only one) X
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen Mailing Address 125 Airport Road			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		Zip Code	Transaction ID: 18993973
	Concord FEC ID number of contributing federal political committee.	C	03301-7300	Amount of Each Receipt this Period 41.64
	Name of Employer New Hampshire Hospital Association Receipt For: Primary General Other (specify)	Occupation President and Aggregate Yea		
_ 3.	Full Name (Last, First, Middle Initial) Ms. Nancy H Agee Mailing Address 802 Cherrywood Road			Date of Receipt
	City	State	Zip Code	0 3 2 5 2 0 1 1 Transaction ID: 18994729
	Salem	VA	24153-2755	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Carilion Clinic	Occupation Chief Operati	ng Officer	
	Receipt For: Primary General Other (specify)	Aggregate Yea		
_	Full Name (Last, First, Middle Initial) Dr. Barbara Brown, Ph.D.			Date of Receipt
	Mailing Address 11 Countryside Lane			03 25 2011
	City		Zip Code	Transaction ID: 18994731
	Richmond FEC ID number of contributing federal political committee.	C	23229-7928	Amount of Each Receipt this Period 350.00
	Name of Employer Virginia Hospital & Healt- hcare Associa	Occupation Vice Presider	nt	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)	ı		741.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) James Dunn			Date of Receipt
Mailing Address 2406 Worchester Rd City	State	Zip Code	0 3 2 5 2 0 1 1 Transaction ID: 18994732
<u>Midlothian</u>	VA	23113-6058	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Bon Secours-Richmond Community Hospita Receipt For: Primary General Other (specify) ▼	, i – -	tional Director Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) Ms. Elizabeth Long Mailing Address 7723 Stuart Hall Road	<u> </u>		Date of Receipt
			03 25 2011
City	State	Zip Code	Transaction ID: 18994733
Richmond	VA	23229-6615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Virginia Hospital & Healt- hcare Associa	Occupation Vice Pres	sident	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr F Dixon Whitworth			Date of Receipt
Mailing Address 728 Mahone Dr			03 / 25 / Y Y Y Y
City	State	Zip Code	Transaction ID: 18994736
Winchester	VA	22601-4130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Community Memorial Health-	Occupation		
center Receipt For:	Board Ch	_	\dashv
Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼		350.00	
SUBTOTAL of Receipts This Page (optional))	1050.00
TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Fori	Use separate schedul for each category of the Detailed Summary Pa	ne (crieck offly offe)
Any information copied from such Rep	orts and Statements may not be sold or used by a	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	rusing the name and address of any political com	Titlee to solicit contributions from such committee.
American Hospital Associatio	n PAC	
Full Name (Last, First, Middle Initia Mr. David Okabe	()	Date of Receipt
Mailing Address 55 Merchant S	Street	03 / 28 / 2011
City	State Zip Code HI 96813-4306	Transaction ID: 18997360
Honolulu FEC ID number of contributing federal political committee.	HI 96813-4306	Amount of Each Receipt this Period 250.00
Name of Employer Hawaii Pacific Health	Occupation CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.	00
Full Name (Last, First, Middle Initia Mr. George W. Greene, Esq.		Date of Receipt
Mailing Address 932 Ward Ave Suite 430		03 / 28 / 2011
City	State Zip Code	Transaction ID: 18997361
Honolulu	HI 96814-2131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Healthcare Association of Hawaii	Occupation President & CEO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.	00
Full Name (Last, First, Middle Initia Mr. William A Kenley))	Date of Receipt
Mailing Address 100 North Cre	est Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18997365
Springfield	TN 37172-3961	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Methodist Healthcare-North Hospital	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.	00
		1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any personame and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Mr. Ronald A. Loving Mailing Address 3177 Forest Shadows I	Drive	Date of Receipt
	City Chattanooga	State Zip Code TN 37421-2863	0 3 2 8 2 0 1 1 Transaction ID: 18997366
	FEC ID number of contributing federal political committee.	TN 37421-2863	Amount of Each Receipt this Period 250.00
	Name of Employer Erlanger Medical Center Receipt For: Primary General	Occupation Trustee Aggregate Year-to-Date ▼	
_	Other (specify) ▼ Full Name (Last, First, Middle Initial)	250.00	
В.	Mr. Scott Raynes Mailing Address 100 North Crest Drive		Date of Receipt M M
	City	State Zip Code	Transaction ID: 18997367
	Springfield FEC ID number of contributing federal political committee.	TN 37172-3927	Amount of Each Receipt this Period 1000.00
	Name of Employer Northcrest Medical Center	Occupation President and Chief Executive Office	er
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Bruce King Mailing Address 273 County Road		Date of Receipt 0 3 3 1 2 0 1 1
	City	State Zip Code	Transaction ID: 18998747
	New London FEC ID number of contributing federal political committee.	NH 03257-5736	Amount of Each Receipt this Period 350.00
	Name of Employer New London Hospital	Occupation President and Chief Executive Office	er
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)		1600.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 85 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stephanie Wolf-Rosenblum Mailing Address P O Box 2014 City Nashua FEC ID number of contributing federal political committee. Name of Employer Southern New Hampshire Medical Center Receipt For: Primary General Other (specify)	State Zip Code NH 03061-2014 C Occupation Vice President Medical Affairs Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 2 0 1 1 Transaction ID: 18998748 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Ms. Kathy A. Bizarro, FACHE Mailing Address 544 Upper Straw Rd City Hopkinton FEC ID number of contributing federal political committee. Name of Employer New Hampshire Hospital Association Receipt For: Primary General Other (specify)	State Zip Code NH 03229-2023 C Occupation Executive Vice President Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Thomas Clairmont Mailing Address 80 Highland Street City Laconia FEC ID number of contributing federal political committee. Name of Employer Lakes Region General Hospital Receipt For: Primary General Other (specify)	State Zip Code NH 03246-3235 C Occupation President Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y O 3 1 2 0 1 1 Transaction ID: 18998751 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. David W Tower, , FACHE Mailing Address P O Box 912 City Wolfeboro FEC ID number of contributing federal political committee. Name of Employer Huggins Hospital Receipt For: Primary General Other (specify)	State Zip Code NH 03894-0912 C Occupation President Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 18998752 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mr. Harry G Dorman, III Mailing Address 125 Mascoma Street City Lebanon FEC ID number of contributing federal political committee. Name of Employer Alice Peck Day Memorial Hospital Receipt For: Primary General Other (specify)	State Zip Code NH 03766-2647 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Gerald Stoeckigt Mailing Address One North Franklin City Chicago FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify)	State Zip Code IL 60606-3436 C Occupation Director of Advertising, Health Forum Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 18998754 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional))	1500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 85 (check only one) X
•	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and add	ress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr Daniel R. Kelly Mailing Address 508 2nd street N.E.			Date of Receipt
	City	Stato	Zip Code	03 31 2011
	City Watford City	State ND	58854-7402	Transaction ID: 18998756 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer McKenzie County Healthcare System Receipt For:		cutive Officer Year-to-Date	
	Primary General Other (specify) ▼	0 0	500.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Eddie L. Foster	•		Date of Receipt
υ.	Mailing Address 116 Woodgreen Crossi	ing		03 31 2011
	City	State	Zip Code	Transaction ID: 19000812
	Madison FEC ID number of contributing federal political committee.	MS C	39110-4522	Amount of Each Receipt this Period 6.00
	Name of Employer Mississippi Hospital Asso- ciation	Occupation Chief Ope	erating Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 256.00	
с.	Full Name (Last, First, Middle Initial) Mr. Kurt W Metzner			Date of Receipt
	Mailing Address 1225 North State Stree	et		03 31 2011
	City	State	Zip Code	Transaction ID: 19000937
	<u>Jackson</u>	MS	39202-2064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Mississippi Baptist Health System	Occupation President	and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1006.00
ı				

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 85 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person ne name and address of any political committee to s	13 14 15 16 1 17 16 17 18 18 19 19 19 19 19 19
NAME OF COMMITTEE (In Full) American Hospital Association PAC	io nano ana adaloce o any ponteca committee te c	
Full Name (Last, First, Middle Initial) Mr. Charles Cataline		Date of Receipt
Mailing Address 111 E. Frankfort St.		03 31 7 2011
City	State Zip Code	Transaction ID: 19000997
Columbus	OH 43206-2011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Ohio Hospital Association	Occupation Senior Director, Health Policy	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley		Date of Receipt
Mailing Address 257 Clouse Lane		03 / 31 / 2011
City	State Zip Code	Transaction ID: 19000998
Granville	OH 43023-1428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Ohio Hospital Association	Occupation Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Ms. Bridget A. Gargan		Date of Receipt
Mailing Address 54 West Weisheimer	Road	03 31 2011
City	State Zip Code	Transaction ID: 19000999
Columbus	OH 43214-2545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Ohio Hospital Association	Occupation Vice President, State Policy & Advocace	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
		1850.00

SCHEDULE A (FEC Form STEMIZED RECEIPTS	3A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 85 (check only one)
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association P		71	
Full Name (Last, First, Middle Initial) Ms. Mary M. Yost			Date of Receipt
Mailing Address 924 Riva Ridge E	Boulevard		03 31 2011
City Gahanna	State OH	Zip Code 43230-3825	Transaction ID: 19001005 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000000	250.00
Name of Employer Ohio Hospital Association	Occupation Vice Pres	n sident, Public Affairs	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Milton D Bourgeois, , Jr.			Date of Receipt
Mailing Address 4608 Highway 1			M M / D D / Y Y Y Y Y Y Y Y X Y X Y X Y X Y X Y X
City	State	Zip Code	Transaction ID: 19001006
Raceland	LA	70394-2623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Ochsner St. Anne General Hospital	Occupation Chief Exe	n ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Mr. John A. Matessino			Date of Receipt
Mailing Address 9521 Brookline A	venue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19001007
Baton Rouge	LA	70809-8409	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1090.00
Name of Employer Louisiana Hospital Associ- ation		t & Chief Executive Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		1090.00	
	nal)		1840.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	nd Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Teri G Fontenot, , FACHE Mailing Address P O Box 95009 City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Woman's Hospital Receipt For: Primary General	State Zip Code LA 70895-9009 C Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 19001008 Amount of Each Receipt this Period 500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William R Holman, , FACHE Mailing Address P O Box 2511 City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y 0 3 0 2 0 1 1
Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Baton Rouge General Medical Center Receipt For: Primary General Other (specify)	Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Transaction ID: 19001009 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mr. Robert L Hawley, , Jr., FAC Mailing Address 1001 Gause Boulev City Slidell FEC ID number of contributing federal political committee.	Vard State Zip Code LA 70458-2987	Date of Receipt M M M / D D / Y Y Y Y Y O 3 0 2 0 1 1 Transaction ID: 19001010 Amount of Each Receipt this Period 500.00
Name of Employer Slidell Memorial Hospital Receipt For: Primary General Other (specify)	Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Cindy J Rogers, , FACHE Mailing Address 3421 Medical Park Dri City Monroe FEC ID number of contributing federal political committee. Name of Employer St. Francis North Hospital Receipt For: Primary General Other (specify)	Ve State Zip Code LA 71203-2355 C Occupation Administrator Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 0 2 0 1 1 Transaction ID: 19001011 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Mark J Peters, , M.D. Mailing Address 4200 Houma Bouleval City Metairie FEC ID number of contributing federal political committee. Name of Employer East Jefferson General Hospital Receipt For: Primary General Other (specify)	State Zip Code LA 70006-2970 C Occupation President and Chief Executive Office Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 19001012 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mr. Sean M. Prados Mailing Address 9521 Brookline Avenu City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Louisiana Hospital Association Receipt For: Primary General Other (specify) ▼	State Zip Code LA 70809-8409 C Occupation Executive Vice President Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Paul A. Salles Mailing Address 644 Apache Drive City Abita Springs	State Zip Code LA 70420-3331	Date of Receipt M M M / D D / Y Y Y Y Y O 3 0 2 0 1 1 Transaction ID: 19001014 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Metropolitan Hospital Council of New O Receipt For: Primary General Other (specify) ▼	Occupation President & Chief Executive Officer Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) Mr. Steve Worley Mailing Address 200 Henry Clay Avel City New Orleans	nue State Zip Code LA 70118-5798	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Children's Hospital Receipt For: Primary General Other (specify)	Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) Mr. Stephen F Wright Mailing Address One St Mary Place City Shreveport FEC ID number of contributing federal political committee. Name of Employer	State Zip Code LA 71101-4399 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer CHRISTUS Schumpert Health System Receipt For: Primary General Other (specify) ▼	President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	· •	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 85 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Mr Bill Davis		Date of Receipt
Mailing Address 1001 Gause Bouleva		03 / 30 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 19001017
Slidell	LA 70458-2939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Slidell Memorial Hospital	Occupation Chief Financial Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Todd Eppler		Date of Receipt
Mailing Address 2001 Doctors Drive		03 30 2011
City	State Zip Code	Transaction ID: 19001018
Springhill	LA 71075-4526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Springhill Medical Center	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. J. William Hankins, , FACHE		Date of Receipt
Mailing Address 524 South Ryan Stree	et	03 30 2011
City	State Zip Code	Transaction ID: 19001019
Lake Charles	LA 70601-5725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer West Calcasieu Cameron Ho- spital	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
	1	750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 85 (check only one) X 11a
0	Any information copied from such Reports and S or for commercial purposes, other than using the	ratements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions see to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. ∠ \.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		03 31 2011
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR1045726224959 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Senior Vice President & General (Counse
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. David Schulke		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V	03 31 2011
	City	State Zip Code DC 20004-2801	Transaction ID: PR1057462124959
	Washington FEC ID number of contributing federal political committee.	DC 20004-2801	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washinot	Occupation VP Research Programs	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake		Date of Receipt
	Mailing Address One North Franklin		03 31 2011
	City	State Zip Code	Transaction ID: PR1492459924959
	Chicago FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period 81.71
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Executive Director - AS	SHHRA
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 224.23	P/R Deduction (\$40.86 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		241.71

ITEMIZ	DULE A (FEC Form 3X) ZED RECEIPTS nation copied from such Reports and St	ratements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for com	of COMMITTEE (In Full) ican Hospital Association PAC	name and ad	dress of any political committee to	o solicit contributions from such committee.
Ms. Lis	ame (Last, First, Middle Initial) a Grabert Address 325 Seventh Street, NV	A/		Date of Receipt
iviaiii ig	325 Seventh Street, NV Suite 700	v		03 31 2011
City		State	Zip Code	Transaction ID: PR1671258624959
·	nington	DC	20004-2801	Amount of Each Receipt this Period
	O number of contributing political committee.	C		80.00
<u>tion-W</u>	of Employer can Hospital Associa- ashingt	Occupation Senior A	n ssociate Director, Policy	
	ot For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
	ame (Last, First, Middle Initial) ert P. David			Date of Receipt
Mailing	Address One North Franklin			03 31 2011
City		State	Zip Code	Transaction ID: PR1677512424959
<u>Chica</u>	ıgo	<u> </u>	60606-3436	Amount of Each Receipt this Period
	O number of contributing political committee.	C		80.00
Name Americ tion-Cl Receip			n Executive e Year-to-Date ▼	
F	Primary General Other (specify) ▼	Aggregate	240.00	P/R Deduction (\$40.00 Bi- Weekly)
	ame (Last, First, Middle Initial) k Rasmussen			Date of Receipt
Mailing ———	Address 325 Seventh Street, NV Suite 700	V		03 / 31 / 2011
City		State	Zip Code	Transaction ID: PR1819487924959
	nington	DC	20004-2801	Amount of Each Receipt this Period
	O number of contributing political committee.	C		80.00
<u>tion-W</u>	of Employer can Hospital Associa- ashingt		ssociate Director	
	of For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOT	AL of Receipts This Page (optional)			240.00

ITEMIZ	OULE A (FEC Form 3X) ED RECEIPTS	estemente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 85 (check only one) X 11a
or for com	of COMMITTEE (In Full) Can Hospital Association PAC	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Na	me (Last, First, Middle Initial) da Fishman			Date of Receipt
Mailing	Address 325 Seventh Street, NV Suite 700	V		03 31 2011
City Wash	ington	State DC	Zip Code 20004-2818	Transaction ID: PR327629124959 Amount of Each Receipt this Period
FEC ID	o) number of contributing political committee.	С		80.00
tion-W Receip	of Employer can Hospital Associa- ashingt t For: Primary General Other (specify)	-	ice President, Public Policy e Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi-Weekly)
Ms. Del	me (Last, First, Middle Initial) bbie F. Weiner Address 11004 Petersborough [Drive		Date of Receipt 0 3 3 1 2 0 1 1
City		State	Zip Code	Transaction ID: PR327745924959
	ville O number of contributing political committee.	C	20852-3249	Amount of Each Receipt this Period 80.00
tion-W Receip	of Employer can Hospital Associa- ashingt t For: Orimary General Other (specify)	-	Grassroots Advocacy e Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi-Weekly)
Ms. Del	Ime (Last, First, Middle Initial) bra J. Stock Address 1022 S. Harvey Avenue	9		Date of Receipt
City		State	Zip Code	0 3 3 1 2 0 1 1 Transaction ID: PR327777824959
Oak F	Park	IL	60304-2132	Amount of Each Receipt this Period
	number of contributing political committee.	C		80.00
tion-Ch Receip F			n sident, Member Relations e Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi-Weekly)
SUBTOT	AL of Receipts This Page (optional)			240.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 85 (check only one) X
Any inform	nation copied from such Reports and S mercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	OF COMMITTEE (In Full) can Hospital Association PAC			
	me (Last, First, Middle Initial) nela Austin Thompson, RN, MSN			Date of Receipt
Mailing	Address 325 Seventh Street, NV Suite 700	W		03 31 2011
City <u>Wash</u>	inaton	State DC	Zip Code 20004-2818	Transaction ID: PR327812024959 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		80.00
Name of Americation-Wa	of Employer an Hospital Associa- ashingt	Occupatio Chief Ex	n ecutive Officer, AONE & Sr. \	/i
Receipt		Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
	me (Last, First, Middle Initial) k Seklecki			Date of Receipt
Mailing	Address 325 Seventh Street, NV Suite 700	W		03 31 2011
City		State	Zip Code	Transaction ID: PR327858024959
<u>Wash</u>	ington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID federal	number of contributing political committee.	C		80.00
Name of Americation-Wa	of Employer an Hospital Associa-	Occupatio Vice Pre	n sident, Political Affairs	
Receip	t For:		e Year-to-Date ▼	
	rrimary General Other (specify) ♥		240.00	P/R Deduction (\$40.00 Bi- Weekly)
	me (Last, First, Middle Initial) n F. Barry			Date of Receipt
Mailing	Address One North Franklin			03 31 2011
City		State	Zip Code	Transaction ID: PR327877824959
<u>Millis</u>		MA	60606-3436	Amount of Each Receipt this Period
federal	number of contributing political committee.	С		80.00
<u>tion-Ch</u>		, '	Executive	
	t For: Irimary ☐ General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOT	AL of Receipts This Page (optional)			240.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom		Date of Receipt
Mailing Address 130 North Garland Co #3002	urt	03 / 31 / 2011
City	State Zip Code	Transaction ID: PR327895724959
Chicago	IL 60602-4750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock		Date of Receipt
Mailing Address 325 Seventh Street, N' Suite 700	N	03 / 31 / 2011
City	State Zip Code	Transaction ID: PR328132824959
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation President and Chief Executive Office	r_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach		Date of Receipt
Mailing Address 204 7th Ave		03 / 31 / 2011
City	State Zip Code	Transaction ID: PR328136924959
La Grange	IL 60525-6406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice President, Member Relations	3
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		240.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sport for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	o name and address of any pointed committee of	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date of Receipt
Mailing Address 5545 North Wayne		03 31 2011
City	State Zip Code	Transaction ID: PR328223824959
Chicago	IL 60640-1318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt
Mailing Address 3475 North Venice St	reet	0 3 3 1 2 0 1 1
City	State Zip Code	Transaction ID: PR328260924959
Arlington	VA 22207-4446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Lori M. Schor	1	Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	03 31 2011
City	State Zip Code	Transaction ID: PR328341824959
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Political Action & Grassroo	t
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	P/R Deduction (\$40.00 Bi- Weekly)
SURTOTAL of Receipts This Page (ontinnal)		240.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 85 (check only one) X 11a 11b 11c 12 15 16
Any information copied from such Reports and S	Statements may not be sold or used by any person and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	Traine and address of any pointed committee to	contractions from each committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina		Date of Receipt
Mailing Address 200 Clover Hill Court		03 31 7 2011
City	State Zip Code	Transaction ID: PR328511824959
Yardley	PA 19067-5736	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	240.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt
Mailing Address One North Franklin Av	e.	03 31 2011
City	State Zip Code	Transaction ID: PR328913324959
Chicago	IL 60606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation President & CEO, AHA Solutions, Inc.	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Dr. John R. Combes	1	Date of Receipt
Mailing Address One North Franklin		0 3
City	State Zip Code	Transaction ID: PR329071324959
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation President & Chief Operating Officer, C	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
CURTOTAL of Descripts This Days (autional)		240.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 85 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese		Date of Receipt
Mailing Address 500 Interstate Bouleva		03 / 31 / 2011
City Nashville	State Zip Code TN 37210-4634	Transaction ID: PR329215724959
FEC ID number of contributing federal political committee.	C 3/210-4634	Amount of Each Receipt this Period 80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca		Date of Receipt
Mailing Address 4960 138th Circle Wes	t	03 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR330475424959
Apple Valley	MN 55124-9229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
Mailing Address 172 Atteridge		03 31 2011
City	State Zip Code	Transaction ID: PR330549224959
Lake Forest	IL 60045-1715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Vice President, Constituency Section Aggregate Year-to-Date	1
Primary General Other (specify) ▼	Aggregate Year-to-Date 240.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		240.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush		Date of Receipt
	Mailing Address 26 West Glendale Ave		03 31 7 2011
	City <u>Alexandria</u>	State Zip Code VA 22301-2402	Transaction ID: PR331304224959 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼	Occupation Director Advocacy and Public Policy Aggregate Year-to-Date 240.00	Op P/R Deduction (\$40.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.		Date of Receipt
	Mailing Address 6225 US Hwy 290 E		03 / 31 / 2011
	City	State Zip Code	Transaction ID: PR331416024959
	Austin FEC ID number of contributing federal political committee.	TX 78761-5587	Amount of Each Receipt this Period 120.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Executive for TX	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$60.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
	Mailing Address 521 Great Falls St.		03 31 2011
	City	State Zip Code	Transaction ID: PR331533224959
	Falls Church	VA 22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Vice President, Policy Aggregate Year-to-Date ▼	
	Primary General Other (specify)	Aggregate Year-to-Date ¥	P/R Deduction (\$40.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	280.00

В.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any perso name and address of any political committee to	FOR LINE NUMBER: PAGE 59 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy Mailing Address One North Franklin City Chicago	State Zip Code IL 60606-3436	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼	Occupation Vice President, PMG Aggregate Year-to-Date 240.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Megan Cundari Mailing Address 325 Seventh Street, NV Suite 700		Date of Receipt 0 3
City	State Zip Code DC 20004-2818	Transaction ID: PR518031924959
Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 82.72
Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼	Occupation Senior Associate Director Aggregate Year-to-Date ▼ 214.16	P/R Deduction (\$41.36 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	•	162.72
TOTAL This Period (last page this line number only)	<u> </u>	71985.35

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 85 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
	d Statements may not be sold or used by any personante name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Walter Jones Committee Mailing Address PO Box 3962		Date of Receipt 0 3 1 4 2 0 1 1
City	State Zip Code	Transaction ID: 18981719
Greenville	NC 27836	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00305052	3000.00
Name of Employer	Occupation	
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	Refund of 10/2010 General Election Contribution

SUBTOTAL of Receipts This Page (optional)	•	3000.00
TOTAL This Period (last page this line number only)	•	3000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 85 (check only one) 11a 11b 11c X 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or used by any perename and address of any political committee	son for the purpose of soliciting contributions
American Hospital Association PAC Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Federal Mailing Address Post Office Box 8600 City Harrisburg FEC ID number of contributing federal political committee. Name of Employer	State Zip Code PA 17105-8600 C C00128082 Occupation	Date of Receipt 0 3
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	
Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Federa Mailing Address Post Office Box 8600	al Political Action Comm (HAPAC)	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18988486
Harrisburg	PA 17105-8600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00128082	20000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 40000.00	
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal		Date of Receipt
Mailing Address 1215 K Street Suite 800		03 22 2011
City	State Zip Code	Transaction ID: 18988522
Sacramento	CA 95814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00237495	65000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 65000.00	
SUBTOTAL of Receipts This Page (optional)		95000.00

S	Any information copied from such Reports and State for for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Texas Hospital Association HOSPAC - Federal Mailing Address P.O. Box 15587 City Austin FEC ID number of contributing federal political committee. Name of Employer			FOR LINE NUMBER: PAGE 62 / 85										
	•		Use separate schedule(s) for each category of the Detailed Summary Page	(che	eck onl	y on	e) 11b		11c	X	12			
			, ,		13		14		15		16		17	
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any perso dress of any political committee to	n for th solicit	he purp contrik	oose outic	of soli	icitir n su	ng con uch co	tribu mmi	ıtions ittee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)													
\rangle	American Hospital Association PAC													
	,				Date of	f Re	ceipt							
	Mailing Address P.O. Box 15587			[м м 0 3	/	2	9	Y		0 1 1			
	City	State	Zip Code	т	ransa	ctio	n ID: 1	189	9735	5				
	Austin	TX	78761-5587	/	Amoun	t of	Each F	Rece	eipt thi	s Pe	eriod			
	9	C C00	301325						3.	460	00.00	-		
	Name of Employer	Occupation	n											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		34600.00											

SUBTOTAL of Receipts This Page (optional)	•	34600.00
TOTAL This Period (last page this line number only)	•	129600.00

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 63 / 85								
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 X 17								
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Hospital Association PAC											
Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Date of Receipt								
Mailing Address 1400 G Street, NW			03 31 2011								
City	State	Zip Code	Transaction ID: 19010992								
Washington	DC	20005	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		80.87								
Name of Employer	Occupatio	n									
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 243.65	Interest								

SUBTOTAL of Receipts This Page (optional)	•	80.87
TOTAL This Period (last page this line number only)	•	80.87

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 64/85
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 22
	y Information copied from such Reports and Stat for commercial purposes, other than using the na			
\setminus	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 18984449
	Tim Bishop For Congress			Date of Disbursement
	Mailing Address PO Box 437			03 7 0 9 7 2 0 1 1
	City	State Zip Code		Amount of Each Disbursement this Period
	Farmingville	NY 11738		
	Purpose of Disbursement Redesignation of 11/2010 Recount Donation. So	ee line 23.	011	-2000.00
	Candidate Name Rep. Timothy Bishop		Category/ Type	IMEMO ITEMI
	Office Sought: X House Senate President State: NY District: 01	rsement For: Primary General Other (specify) ▼		Redesignation of 11/2010 Recount Donation. See line 23.
	STATE OF THE PROPERTY I			T. Control of the Con

SUBTOTAL of Disbursements This Page (optional)	•	0.00
TOTAL This Period (last page this line number only)	<u> </u>	0.00

	CHEDULE B (FEC Form 3X)	Use separate schedule(s			NUMBER: PAGE 65	/ 85
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	, (CI	heck only 21b 27	y one) 22	
	Information copied from such Reports and Stater or commercial purposes, other than using the name					
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Full Name (Last, First, Middle Initial) Tim Bishop For Congress				Transaction ID: 18984450 Date of Disbursement	
	Mailing Address PO Box 437				03 7 0 9 7 2 0 2	Í 1
	City Farmingville	State Zip Code NY 11738			Amount of Each Disbursement thi	
	Purpose of Disbursement Redesignation, See Line 29. Candidate Name		01		2000.	00
	Rep. Timothy Bishop	ement For: 2012	Categ Typ		[MEMO ITEM]	
		Primary General Other (specify)			Redesignation, See Line 29.	
	Full Name (Last, First, Middle Initial) Geoff Davis For Congress				Transaction ID: 18998618 Date of Disbursement	
	Mailing Address PO Box 17192				$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y \\ 2 & 0 \end{smallmatrix} \end{bmatrix}$	Í 1
	City Ft Mitchell	State Zip Code KY 41017			Amount of Each Disbursement thi	
	Purpose of Disbursement Contribution Candidate Name		01 Categ	gory/	1000.	00
		ement For: 2012 Primary General Other (specify)	Тур	De .	Contribution	
	Full Name (Last, First, Middle Initial) Coffman For Congress				Transaction ID: 18998619 Date of Disbursement	
	Mailing Address 9249 South Broadway #200-501				03 / 24 / 20	11
	City Highlands Ranch	State Zip Code CO 80129			Amount of Each Disbursement thi	
	Purpose of Disbursement Contribution Candidate Name		01		1000.	UU
	Rep. Mike Coffman		Categ Typ			
	Senate X President	ement For: 2012 Primary General Other (specify)			Contribution	
_	State: CO District: 06				2000.	• •

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SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	nedule(s) (check c					NUMBER: PAGE 66 / 85 y one)							
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or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)	ne and addres	ss of any political	COM	111	nittee to s	SOIIC	it contr	ibuti	ions ire	om suc	n co	mm	iittee		
American Hospital Association PAC															
Full Name (Last, First, Middle Initial) Dold For Congress						Transaction ID: 18998620 Date of Disbursement									
Mailing Address PO Box 8145						03									
City Northfield	State IL	Zip Code 60093					Amou	nt o	f Each	Disbu	sem	ent	this	Perio	od
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Candidate Name Rep. Robert Dold					egory/ ype										
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Full Name (Last, First, Middle Initial)									-	189	986	21			
Schakowsky For Congress								of Di м	isburse	ement	Υ	Ý	0 Ĭ	Υ	
Mailing Address P.O. Box 5130							0.3	_	2	4	_	2	01		
City Evanston	State IL	Zip Code 60204					Amount of Each Disbursement this Per						od		
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Candidate Name Rep. Janice D. Schakowsky					egory/ ype										
	ement For: C Primary Other (spe	2012 General					Contri	ibut	ion						
Full Name (Last, First, Middle Initial)							Tranc	acti	on ID:	189	986	22			
Walberg For Congress							Date o	of Di	isburse	ement	500				
Mailing Address 6769 Teachout Rd.							0 3	M	[/] 2	2 4	Y	ž	0 ť	l ^Y	
City Tipton	State MI	Zip Code 49287					Amou	nt o	f Each	Disbu	sem	ent	this	Perio	od
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Candidate Name Rep. Timothy Walberg			Ca	at	egory/ ype										
Senate President	ement For: C Primary Other (spe	2012 General					Contri	ibut	ion						
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American Hospital Association PAC																	
Full Name (Last, First, Middle Initial)					Transaction ID: 18998623												
Richard Hanna For Congress							_	sburse				_					
Mailing Address 2308 Genesee Street					03 / 24 / 2011												
City Utica	State Zip Code NY 13502	•				Amou	nt of	f Each	Disburse	men	t this	Period					
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Candidate Name Rep. Richard Hanna				egory/ ype													
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Full Name (Last, First, Middle Initial)						Trane	acti	on ID:	18998	625	;						
Dutch Ruppersberger For Congress								sburse		020	,						
Mailing Address 22 West Padonia Road	Suite C-141					03 7 0 1 7 2 0 1 1											
City Timonium	State Zip Code MD 21093)				Amount of Each Disbursement this Period											
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Candidate Name Rep. C.A. Dutch Ruppersberger		C		egory/ ype													
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Full Name (Last, First, Middle Initial) Terri Sewell For Congress						Date of	of Di	sburse				_					
Mailing Address P.O. Box 1964						0 3	М	0	D / \	Ž	0 1 ·	1					
City Birmingham	State Zip Code AL 35201)				Amou	nt of	f Each	Disburse	-							
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Candidate Name Rep. Terri Sewell				egory/ ype													
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 68 / 85
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or for commercial purposes, other than using the name	and address of any political	committee to so	DICIT CONTRIBUTIONS FROM SUCH COMMITTEE
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 18998628
Diane Black For Congress			Date of Disbursement 0 3 7 0 1 2 0 1 1
Mailing Address 819 Plantation Blvd			
	State Zip Code FN 37066		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2500.00
Candidate Name Rep. Diane Black		Category/ Type	
Office Sought: X House Senate President State: TN District: 06	nent For: 2012 Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial)			
ROSKAM PAC-Republican Operation to Se jority	cure and Keep a Ma-		Transaction ID: 18998633 Date of Disbursement
Mailing Address PO Box 1011			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 3 & M \end{bmatrix} / \begin{bmatrix} D & D \\ O & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
•	State Zip Code L 60187		Amount of Each Disbursement this Period
Purpose of Disbursement 2011 Contribution		011	5000.00
Candidate Name ROSKAM PAC-Republican Operation to Se	cure and Keep	Category/ Type	
a Majority Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)		2011 Contribution
Full Name (Last, First, Middle Initial) McConnell Senate Committee '14			Transaction ID: 18998634 Date of Disbursement
Mailing Address PO Box 1496			0 3 M / 0 7 / Y 2 0 1 1 Y
	State Zip Code KY 40201		Amount of Each Disbursement this Period
Purpose of Disbursement 2014 Contribution		011	2500.00
Candidate Name Sen. Mitch McConnell		Category/ Type	
Office Sought: House Disburser X President State: KY District:	nent For: 2014 Primary General Other (specify)		2014 Contribution
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	y Information copied from such Reports are for commercial purposes, other than using			d by any person	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PA		ss of any politica	COMMITTEE TO SE	oncit contributions from such committee
<u> </u>	Full Name (Last, First, Middle Initial) Snowe For Senate				Transaction ID: 18998636 Date of Disbursement
	Mailing Address PO Box 2012				$\begin{bmatrix} 0 & 3 & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City Portland	State ME	Zip Code 04104		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name			011 Category/	1000.00
	Sen. Olympia J. Snowe Office Sought: X Senate President	Disbursement For: X Primary Other (spe	2012 General	Туре	Contribution
	State: ME District: Full Name (Last, First, Middle Initial) Serrano For Congress				Transaction ID: 18998637 Date of Disbursement
	Mailing Address 1831 Bay Street,	Se			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix}$
	City Washington	State DC	Zip Code 20003		Amount of Each Disbursement this Perio
Ī	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Jose E. Serrano			Category/ Type	
	Office Sought: X House Senate President State: NY District: 16	Disbursement For: X Primary Other (spe	2012 General		Contribution
	Full Name (Last, First, Middle Initial) Coble For Congress				Transaction ID: 18998638 Date of Disbursement
	Meiling Address DO D. 4477				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
	Mailing Address PO Box 1177				
	City Greensboro	State NC	Zip Code 27402		
	City Greensboro Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Perio
	City Greensboro Purpose of Disbursement Contribution Candidate Name Rep. Howard Coble	NC	27402	011 Category/ Type	
	City Greensboro Purpose of Disbursement Contribution Candidate Name		27402 2012 General	Category/	Amount of Each Disbursement this Period 1000.00 Contribution

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NAME OF COMMITTEE (In Full)														
American Hospital Association PAC														
Full Name (Last, First, Middle Initial) Buck McKeon For Congress								ion ID:		18998 ent	639)		
Mailing Address 23942 Lyons Ave #105						0 ^M 3	М	[/] D0	7	/ Y	Ž	0 Ĭ	1 Y	
City Santa Clarita	State Zip Code CA 91321					Amou	ınt o	f Each	n Di:	sburse	men	t this	Peri	od
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Candidate Name		L	_	egory/										
Rep. Howard P. McKeon				ype										
Senate X President	ement For: 2012 Primary General Other (specify)					Contr	ibut	tion						
State: CA District: 25														
Full Name (Last, First, Middle Initial) Crowley For Congress						Date	of D	isburs	eme					
Mailing Address 84-56 Grand Avenue						0 ^M 3	М	[′] ^D O	7	/ Y	Ž	0 Ť	1	
City Elmhurst	State Zip Code NY 11373					Amou	ınt o	f Each	n Di:	sburse		-		od
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Candidate Name Rep. Joseph Crowley		С		egory/ ype										
Senate X President	ement For: 2012 Primary General Other (specify)					Contr	ibut	tion						
State: NY District: 07														
Full Name (Last, First, Middle Initial) Guthrie For Congress						Date	of D	isburse	eme					
Mailing Address PO Box 9639						0 3	М	[′]	7] / [`	Ž	0 Ť	1	
City Bowling Green	State Zip Code KY 42102					Amou	ınt o	f Each	n Di:	sburse	men	t this	Peri	od
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Candidate Name Rep. Brett Guthrie		С	at	egory/ ype										
Senate X President	ement For: 2012 Primary General Other (specify)					Contr	ibut	tion						
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NAME OF COMMITTEE (In Full)														
American Hospital Association PAC														
Full Name (Last, First, Middle Initial) Jo Bonner For Congress Committee						Trans Date						642	<u>)</u>	
					_	М	M	/		7	/ Y	Y	0 1	Y
Mailing Address P.O.Box 851232						0 3		Į.	Ų				. 0 1	
City Mobile	State Zip Code AL 36685					Amou	ınt o	f E	ach	Disb	urse			Period
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Candidate Name Rep. Josiah Robins Bonner, Jr.		1		egory/ ype										
Senate President	ement For: 2012 Primary General Other (specify)					Contr	ibut	tior	n					
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Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee						Trans Date				_		643	3	
Mailing Address PO Box 2145						0 ^M 3	М	′	^D 0	^D 7	/ Y	ž	0 1	1
City West Columbia	State Zip Code SC 29171					Amou	ınt o	f E	ach	Disb	urse	men	t this	Period
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Full Name (Last, First, Middle Initial) Friends Of Lois Capps						Trans Date						644	ļ.	
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City Santa Barbara	State Zip Code CA 93121					Amou	ınt o	f E	ach	Disb	urse	men	t this	Period
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Candidate Name Rep. Lois Capps			at	egory/ ype										
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	NAME OF COMMITTEE (In Full) American Hospital Association PAC	and address of any political		initioe to se	mon contributions	Ton such committee
	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts				Transaction I Date of Disbu	D: 18998645 rsement
	Mailing Address PO Box 775				03	0 7
	City Unionville	State Zip Code PA 19375			Amount of Ea	ch Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		-	011 ategory/		2000.00
	Rep. Joseph R. Pitts	rsement For: 2012		Туре	Comtribution	
	Senate President State: PA District: 16	X Primary General Other (specify)			Contribution	
_	Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee				Date of Disbu	
	Mailing Address PO Box 1949				03 /	0 7
	City Springfield	State Zip Code IL 62705			Amount of Ea	ch Disbursement this Period
	Purpose of Disbursement 2014 Contribution Candidate Name Sen. Richard J. Durbin		Ca	011 ategory/ Type	L	2500.00
	Office Sought: House Disbu X Senate President State: IL District:	rsement For: 2014 X Primary General Other (specify) ▼	ļ	. 76-5	2014 Contrib	oution
	Full Name (Last, First, Middle Initial) Schakowsky For Congress				Date of Disbu	
	Mailing Address P.O. Box 5130				03	07 2011
	City Evanston	State Zip Code IL 60204			Amount of Ea	ch Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		1 —	011	L	1500.00
	Rep. Janice D. Schakowsky			tegory/ Type		
	Senate President	xsement For: 2012 X Primary General Other (specify)			Contribution	
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	y Information copied from such Reports a for commercial purposes, other than usin				for the purpose of soliciting contributions olicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Hospital Association PA	<u> </u>	, a.i., poi.i.o.		
,	Full Name (Last, First, Middle Initial) National Republican Congression	al Committee			Transaction ID: 18998705 Date of Disbursement
	Mailing Address 320 First Street,	SE			03 7 18 7 2011
	City Washington	State DC	Zip Code 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement 2011 Contribution			011	15000.00
	Candidate Name National Republican Congression			Category/ Type	_
	Office Sought: House Senate President State: District:	Disbursement For: Primary Other (spe	General ecify) ▼		2011 Contribution
	Full Name (Last, First, Middle Initial) Giffords For Congress				Transaction ID: 18998706 Date of Disbursement
	Mailing Address PO Box 12886				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 8 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix} $
	City Tucson	State AZ	Zip Code 85732		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Gabrielle Giffords			Category/ Type	
	Office Sought: X House Senate President State: AZ District: 08	Disbursement For: X Primary Other (spe	2012 General ecify)		Contribution
	Full Name (Last, First, Middle Initial) Paul Gosar For Congress				Transaction ID: 18998717 Date of Disbursement
	Mailing Address 2222 E. Cedar A	Ave.			$\begin{bmatrix} M & M & M \\ O & 3 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 1 & 8 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}^{Y}$
	City Flagstaff	State AZ	Zip Code 86004		Amount of Each Disbursement this Perio
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	Rep. Paul Gosar				
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ny Information copied from such Reports and Stater for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Hoyer For Congress			Transaction ID: 18998718 Date of Disbursement
Mailing Address 700 13th Street, NW Suite 600			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2500.00
Candidate Name Rep. Steny H. Hoyer		Category/ Type	
Senate X President	ement For: 2012 Primary General Other (specify)		Contribution
State: MD District: 05 Full Name (Last, First, Middle Initial)			Transaction ID: 19000710
Pete Sessions For Congress			Transaction ID: 18998719 Date of Disbursement
Mailing Address PO Box 823047			03 7 18 7 2011
City Dallas	State Zip Code TX 75382		Amount of Each Disbursement this Peri
Purpose of Disbursement Contribution	70002	011	1500.00
Candidate Name Rep. Pete Sessions		Category/ Type	
	ement For: 2012 Primary General Other (specify)	1 71	Contribution
Full Name (Last, First, Middle Initial) Trey Gowdy for Congress			Transaction ID: 18998720 Date of Disbursement
Mailing Address PO Box 3324			03 / 18 / 2011
City Spartanburg	State Zip Code SC 29304		Amount of Each Disbursement this Peri
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Trey Gowdy		Category/ Type	
X X	ement For: 2012 Primary General Other (specify)	1	Contribution
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Ca	andidate Name lep. Shelley B	erkley				Ca	tegory/ ype	′							
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	, .	First, Middle Initial) Senate Committee	•						Date	of Dis	burse				
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	NAME OF COMMITTEE (In Full) American Hospital Association PAC		or any pontion													
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١.	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts								of D	isburse	eme	ent				
	Mailing Address PO Box 775							0 3	М	1	8		ž	0 1 ·	1	
	City Unionville	State PA	Zip Code 19375					Amoui	nt o	f Each	Dis	sburse	-			od
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	Candidate Name Rep. Joseph R. Pitts			С	ateg Typ	ory/ e										
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	Full Name (Last, First, Middle Initial) Pallone For Congress							Transa Date o	of D	isburse	eme	ent				
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	ly Information copied from such Reports and Stater for commercial purposes, other than using the nam							
	NAME OF COMMITTEE (In Full) American Hospital Association PAC							
۸.	Full Name (Last, First, Middle Initial) Steve Israel For Congress Committee				Transaction Date of Disb		98729	
	Mailing Address PO Box 777				03	18	^Y 201	1 Y
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	Mailing Address 911 Central Avenue PO Box 221				03	18	y žo j	1 1
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).	Full Name (Last, First, Middle Initial) Kevin McCarthy For Congress				Transaction Date of Disb	ursement		
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Transaction ID: 18998734 Date of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought: X House Senate President State: IL District: 02 Full Name (Last, First, Middle Initial) Castor For Congress Mailing Address 301 W. Platt Street #385 City Castor For Congress Mailing Address 301 W. Platt Street #385 City Castor For Congress Mailing Address 301 W. Platt Street #385 City Castor For Congress Mailing Address 301 W. Platt Street #385 City City City City City City City Cit	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 / 85 check only one)
NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress Mailing Address P.O. Box 490286 City State Zip Code IL 60849 Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought: Version of Senate President Contribution Candidate Name Rep. Jesse Castor Office Sought: X House Senate President Contribution Condidate Name Rep. Jesse Castor Office Sought: X House Senate President Contribution Condidate Name Rep. Jesse Castor Office Sought: X House Senate President Contribution Candidate Name Castor Office Sought: X House President Contribution Candidate Name Castor Office Sought: X House President Contribution Candidate Name Castor Office Sought: X House President Contribution Other (specify) ▼ Transaction ID: 18998736 Date of Disbursement Contribution Contribution Contribution Transaction ID: 18998736 Date of Disbursement On 11 Category' Type Contribution Contribution Contribution Candidate Name Castor Office Sought: X House President Castor Office Sought: X House Name Name Name Name Name Name Name Nam		Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress Mailing Address P.O. Box 490286 City State Zip Code (Licago) IL 60649 Purpose of Disbursement Contribution Candidate Name (Reb. Jackson, Jr. Office Sought: X House President State: IL District: 02 Full Name (Last, First, Middle Initial) Castor For Congress Mailing Address 301 W. Platt Street #385 City State: IL Disbursement Contribution Candidate Name (Rep. Katherine Castor Office Sought: X House President State: IL Disbursement For: 2012 City State: IL Jostrict: 02 Full Name (Last, First, Middle Initial) Castor For Congress Mailing Address 301 W. Platt Street #385 City Sanate FL 33606 Purpose of Disbursement Contribution Office Sought: X House Senate President State: IL District: 11 Full Name (Last, First, Middle Initial) State: FL District: 11 Full Name (Last, First, Middle Initial) Senate Victory Fund PAC Mailing Address PO Box 7274 City State Zip Code MS 38802 Purpose of Disbursement City State Zip Code MS 38802 Purpose of Disbursement City State Zip Code MS 38802 Purpose of Disbursement City State Zip Code MS 38802 Purpose of Disbursement City State Zip Code MS 38802 Purpose of Disbursement City State Zip Code MS 38802 Purpose of Disbursement City State Zip Code MS 38802 Purpose of Disbursement City State Zip Code MS 38802 Purpose of Disbursement City State Zip Code MS 38802 Purpose of Disbursement City State Zip Code MS 38802 Purpose of Disbursement City State President City State			
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City	,		
Chicago IL 60649 Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought:	Mailing Address P.O. Box 490286		03 / 18 / 2011
Contribution Cardidate Name Rep. Jesse L. Jackson, Jr. Office Sought:			Amount of Each Disbursement this Peri
Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought: X House President President State: IL District: 02 Full Name (Last, First, Middle Initial) Castor For Congress Mailing Address 301 W. Platt Street #385 City State Zip Code Tampa FL 33606 Purpose of Disbursement Contribution Candidate Name Rep. Katherine Castor Office Sought: X House Senate President State: X Primary General Other (specify) ▼ Transaction ID: 18998736 Date of Disbursement Mailing Address 301 W. Platt Street #385 City State Zip Code FL 33606 Purpose of Disbursement Contribution Candidate Name Rep. Katherine Castor Office Sought: X House Senate President Disbursement For: 2012 Senate President State: TL District: 11 City Tampa Transaction ID: 18998736 Date of Disbursement this Per Contribution Contribution Transaction ID: 18998736 Date of Disbursement this Per Contribution Contribution Transaction ID: 18998738 Date of Disbursement Contribution Transaction ID: 18998738 Date of Disbursement Office Sought: NS 38802 Purpose of Disbursement Office Sought: NS 38802 Purpose of Disbursement Office Sought: House Senate Primary General Office Sought: Primary General Office Sought: Primary General Office Sought: Office Sought: Primary General Office Sought: Office Senate President Office Specify) ▼ Office Sought: House Senate Primary General Office Specify) ▼ Office Sought: House Senate Primary General Office Specify) ▼ Office Sought: House Office Specify) ▼		Ů	
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Rep. Katherine Castor Office Sought: X House Senate President State: FL District: 11 Full Name (Last, First, Middle Initial) Senate Victory Fund PAC Mailing Address PO Box 7274 City State Zip Code Tupelo MS 38802 Purpose of Disbursement 2011 Contribution Candidate Name Senate Victory Fund PAC Office Sought: House President Disbursement For: 2012 X Primary General Contribution Transaction ID: 18998738 Date of Disbursement M	Purpose of Disbursement	0	
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Mailing Address PO Box 7274 City State Zip Code Tupelo MS 38802 Purpose of Disbursement 2011 Contribution Candidate Name Senate Victory Fund PAC Office Sought: House Senate Primary General President President President Disbursement For: 2011 Contribution Category/ Type 2011 Contribution 2011 Contribution 2011 Contribution	Full Name (Last, First, Middle Initial)		
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	NAME OF COMMITTEE (In Full) American Hospital Association PAC	To and address of any pointed			
<u>/</u>	Full Name (Last, First, Middle Initial) Billy Long For Congress				Transaction ID: 18998739 Date of Disbursement
	Mailing Address 1675-F E Seminole				03 7 23 7 2011
	City Springfield	State Zip Code MO 65804			Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		-	011 ategory/	1000.00
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	State: MO District: 07 Full Name (Last, First, Middle Initial) Hoosiers For Rokita				Transaction ID: 18998740 Date of Disbursement
	Mailing Address 7643 East U.S. 36				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
	City Avon	State Zip Code IN 46123			Amount of Each Disbursement this Period
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	Full Name (Last, First, Middle Initial) Friends Of Dennis Ross				Transaction ID: 18998742 Date of Disbursement
	Mailing Address PO Box 7310				$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & \end{smallmatrix} & \begin{smallmatrix} D & 2 & 3 \\ & & & & \end{smallmatrix} & \begin{smallmatrix} Y & & & & & & & & & & & & & & & & &$
	City Lakeland	State Zip Code FL 33807			Amount of Each Disbursement this Perio
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American Hospital Association PAC													
Full Name (Last, First, Middle Initial) Ed Royce For Congress						-				1899 nent	98744	ļ	
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Mailing Address P.O. Box 2525						0.3	5	L	۷,	3		UI	
City Orange	State CA	Zip Code 92859				Amo	unt (of E	ach [Disbur	semen	t this f	Perio
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Ted Deutch For Congress Committee						Date	of D	Disb	urser	nent			
Mailing Address 20423 Sr 7 Suite F6-38	3					o ^M 3	3 M	/	^D 2:	3 /	ÝŽ	0 1 1	1
City Boca Raton	State FL	Zip Code 33498				Amo	unt (of E	ach [Disbur	semer	t this f	Perio
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Full Name (Last, First, Middle Initial) Graves For Congress										1899 ment	98746	5	
Mailing Address 2345 Grand, Suite 2400)					o ^M 3	3 M	/	^D 23	3 /	ÝŽ	011	1 Y
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Candidate Name Rep. Samuel B. Graves, Jr.			Ca	011 atego Type									
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SCHEDULE B (FEC Form 3X)

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b
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NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) American Success Political Action Cor	nmittee	Transaction ID: 18998755 Date of Disbursement
Mailing Address 1155 21st Street, NV Ste. 300	1	03
City Washington	State Zip Code DC 20036	Amount of Each Disbursement this Period
Purpose of Disbursement 2011 Contribution	01	1000.00
Candidate Name American Success Political Action Cor	Categ	jory/
Office Sought: House Dist Senate President State: District:	ursement For: Primary General Other (specify) ▼	2011 Contribution
Full Name (Last, First, Middle Initial) Longhorn PAC		Transaction ID: 18998757 Date of Disbursement
Mailing Address 228 S. Washington S	t.	03
City Alexandria	State Zip Code VA 22314	Amount of Each Disbursement this Period
Purpose of Disbursement 2011 Contribution	01	
Candidate Name Longhorn PAC	Categ Typ	
Office Sought: House Dist Senate President State: District:	ursement For: Primary General Other (specify) ▼	2011 Contribution
Full Name (Last, First, Middle Initial) Marco Rubio For Us Senate		Transaction ID: 18998758 Date of Disbursement
Mailing Address 2030 South Douglas	Road Suite 105	03 M / 030 / Y Y Y Y Y Y
City Coral Gables	State Zip Code FL 33134	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General Debt Retirement	01:	2500.00
Candidate Name Mr. Marco Rubio	Categ Typ	
X Senate President	ursement For: 2010 Primary General X Other (specify)	2010 General Debt Retirement
State: FL District: 201	0 General Debt Re	
CURTOTAL of Dishuma areasta This Dave (anti-	nal)	6000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 82/85
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 X 23 24 25 26 28a 28b 28c 29 30
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NAME OF COMMITTEE (In Full) American Hospital Association PAC	ine and address of any politica	r committee to so	iller contributions from such committee
Full Name (Last, First, Middle Initial) Udall For Colorado			Transaction ID: 18998759 Date of Disbursement
Mailing Address PO Box 40158			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ \mathbf{Y}$
City Denver	State Zip Code CO 80204		Amount of Each Disbursement this Period
Purpose of Disbursement 2014 Contribution Candidate Name		011 Category/	1000.00
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State: CO District: Full Name (Last, First, Middle Initial) Bob Brady For Congress			Transaction ID: 18998767 Date of Disbursement
Mailing Address 12518 Chilton Road			M M M / D D / Y Y O Y I Y
City Philadelphia	State Zip Code PA 19154		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Rep. Robert A. Brady		011 Category/	1000.00
Office Sought: X House Disbur	sement For: 2012 X Primary General Other (specify) ▼	Туре	Contribution
Full Name (Last, First, Middle Initial) Pascrell For Congress			Transaction ID: 18998773 Date of Disbursement
Mailing Address P.O. Box 640			$\begin{bmatrix}\begin{smallmatrix}M\\O\end{smallmatrix}3^M\\\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\O\end{smallmatrix}3^D\\\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\O\end{smallmatrix}3^D\\\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\O\end{smallmatrix}1^Y\\\end{smallmatrix} \begin{bmatrix}Y\\O\end{smallmatrix}1^Y\\\end{smallmatrix} \begin{bmatrix}Y\\O\end{smallmatrix}1^Y\\\end{smallmatrix} \begin{bmatrix}Y\\O\end{smallmatrix}1^Y\\\end{smallmatrix} \begin{bmatrix}Y\\O\end{smallmatrix}1^Y\\\end{smallmatrix} \begin{bmatrix}Y\\O\end{smallmatrix}1^Y\\\end{smallmatrix} \begin{bmatrix}Y\\O\end{smallmatrix}1^Y\\\end{smallmatrix} \begin{bmatrix}Y\\O\end{smallmatrix}1^Y\\\end{smallmatrix} \begin{bmatrix}Y\\O\end{smallmatrix}1^Y\\\end{smallmatrix} \begin{bmatrix}Y\\O\end{smallmatrix}1^Y\\\end{smallmatrix} \begin{bmatrix}Y\\O\end{smallmatrix}1^Y\\O\end{smallmatrix}1^Y\\\end{smallmatrix} \begin{bmatrix}Y\\O\end{smallmatrix}1^Y\\O\end{smallmatrix}1^Y\\$
City Totowa	State Zip Code NJ 07511		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011 Category/	1000.00
Rep. William J. Pascrell, Jr.		Type	
	sement For: 2012 X Primary General Other (specify)		Contribution
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TOTAL This Period (last page this line number on			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 85
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b
		any person for the purpose of soliciting contributions
1 1 .	name and address of any political com	nmittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Bill Nelson For U.S. Senate		Transaction ID: 18998775 Date of Disbursement
Mailing Address 972 W Whitmire Driv	е	03
City Melbourne	State Zip Code FL 32935	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011
Candidate Name Sen. Bill Nelson		ategory/ Type
X Senate President	ursement For: 2012 Primary X General Other (specify) ▼	Contribution
State: FL District:		
Full Name (Last, First, Middle Initial) Courtney For Congress		Transaction ID: 18998811 Date of Disbursement
Mailing Address 38 Risley Road		03
City Vernon	State Zip Code CT 06066	Amount of Each Disbursement this Period
Purpose of Disbursement Redesignation of Contribution 1/25/2011. See	line 23.	-2500.00
Candidate Name Rep. Joseph D. Courtney		ategory/ Type
Senate President	ursement For: 2012 X Primary General Other (specify)	[MEMO ITEM] Redesignation of Contribution 1/25/2011. See line 23.
State: CT District: 02 Full Name (Last, First, Middle Initial)		Transaction ID: 18998817
Courtney For Congress		Date of Disbursement
Mailing Address 38 Risley Road		03
City Vernon	State Zip Code CT 06066	Amount of Each Disbursement this Period
Purpose of Disbursement Redesignation of Contribution 1/25/2011. See		011
Candidate Name Rep. Joseph D. Courtney		ategory/ Type [MEMO ITEM]
Senate President	ursement For: 2012 Primary General X Other (specify)	Redesignation of Contribution 1/25/2011. See Line 23.
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NAME OF COMMITTEE (In Full) American Hospital Association PAC							
Full Name (Last, First, Middle Initial) U.S. Treasury				Transaction Date of Disbu	irsement		
Mailing Address P.O. Box 2188				03 /	10 /	201	1 Y
City Parkersburg	State Zip Code WV 26106-2188	}		Amount of Ea	ch Disburse	ement this	Period
Purpose of Disbursement 2010 Tax Payment Candidate Name		00	_			757.00	0
	The second Feet	Cate Ty					
Office Sought: House Disb Senate President State: District:	ursement For: Primary General Other (specify) ▼			2010 Tax Pa	ayment		
Full Name (Last, First, Middle Initial) American Express				Transaction Date of Disbu		1058	
Mailing Address Ste. 001				03 /	07	žož	1 Y
City Chicago	State Zip Code IL 60679			Amount of Ea	ch Disburse	ement this	Period
Purpose of Disbursement Merchant Fees		oc	11			252.70	0
Candidate Name		Cate	gory/				
Office Sought: House Disb Senate President State: District:	ursement For: Primary General Other (specify) ▼			Merchant Fe	ees		
Full Name (Last, First, Middle Initial) Merchant Bankcard				Transaction Date of Disbu		1059	
Mailing Address 1601 Elm Street				0 3 M	03	ž01	1 Y
City Dallas	State Zip Code TX 75201			Amount of Ea	ch Disburse	ement this	Period
Purpose of Disbursement Merchant Fees		oc)1	L		245.00	6
Candidate Name		Cate	gory/				
Office Sought: House Disb Senate President State: District:	ursement For: Primary General Other (specify) ▼			Merchant Fe	ees		
SUBTOTAL of Disbursements This Page (option	nal)		•			1254.70	6
	<u> </u>						

A.

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 85 / 85 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Transaction ID: 19001060 Paymentech Date of Disbursement 0 4 0 3 2011 Mailing Address 14221 Dallas Parkway **Building Two** City State Zip Code Amount of Each Disbursement this Period Dallas TX 75254 82.85 Purpose of Disbursement Merchant Fees 001 Candidate Name Category/ Type Office Sought: Disbursement For: House Merchant Fees General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 19001061 Citibank, F.S.B. Date of Disbursement 18 0 3 2011 Mailing Address 1400 G Street, NW City State Zip Code Amount of Each Disbursement this Period 20005 Washington DC 5.58 Purpose of Disbursement Bank Fees 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Bank Fees

General

SUBTOTAL of Disbursements This Page (optional)	•	88.43
TOTAL This Period (last page this line number only)		1343.19

Primary

Other (specify)

State: